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ETS, INDOOR SMOKING
AND INDOOR AIR QUALITY:
PLANNING FOR THE 1990s

April 22, 1992
Discussion Draft

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ATTORNEY-CLIENT
COMMUNICATION

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INTRODUCTION

Environmental tobacco smoke (ETS), indoor smoking and indoor air quality (IAQ) (collectively ETS and IAQ) will be issues of increasing concern to Philip Morris (the Company) in the next five to ten years. The purpose of this Summary is to provide input from retained outside counsel regarding steps that may be considered by the Company in coordinating Company planning to meet and address these issues.

A. Briefly Reviewing the Company's Position.

It has been the company's position that the available data from published epidemiologic studies are not sufficient to support the claim that ETS exposure is associated with chronic disease in nonsmokers. Moreover, virtually all of the published epidemiologic studies that have attempted to address the specific issue of indoor workplace exposure to ETS failed to report a significant increased risk of chronic disease in nonsmokers associated with the workplace exposure to ETS.

Actual data on nonsmoker exposure to ETS are available in other published literature. The Company has maintained that these studies, which measure ETS constituent levels, indicate the nonsmoker exposure to ETS under realistic conditions in public places and in workplaces is minimal. For example, researchers report little difference in the ambient levels of carbon monoxide

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or volatile or organic compounds in smoking and nonsmoking areas of workplaces and public places, or in homes with or without smokers. In other studies, typical measurements of nicotine range from an exposure equivalent of 1/100 to less than 1/1000 of 1 filter cigarette per hour. This means that a nonsmoker would have to spend from 100 to 1000 hours or more in a workplace or other venue where smoking was permitted in order to be exposed to the nicotine equivalent of smoking a single cigarette.

The argument that ETS exposure increases the risk of lung cancer in nonsmokers is based on data from epidemiologic studies of nonsmoking women married to smokers (spousal smoking). The Company has emphasized that of the 30 published epidemiologic studies on the issue of spousal smoking and lung cancer, none actually measured exposure to ETS. Further, twenty-four of the 30 studies report results which are not statistically significant. As to the workplace, the Company has indicated that only 12 of the published spousal studies have assessed reported workplace exposures to ETS, but in those no actual measurements were conducted. Ten of the 12 workplace studies report associations between ETS and nonsmoker lung cancer which do not achieve statistical significance. Only two studies report marginally statistically significant increased risks for persons who reported exposure to ETS in the workplace.

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There are no studies in the published literature which have examined actual ETS exposures in the workplace and heart disease in nonsmokers. Only 12 epidemiologic studies on spousal smoking in the home and heart disease in nonsmokers are available. These studies, based on marriage to a smoker, are not relevant to the workplace issue. In addition the spousal smoking studies on heart disease contain no data on actual exposures to ETS. Instead, exposure estimates are derived from questionnaire responses. Nonetheless, five of the 12 published epidemiologic studies on spousal smoking and heart disease did attempt to address workplace exposures to ETS. However, none of the five studies reported a statistically significant increased risk of heart disease among nonsmokers claiming exposure to ETS in the workplace. Thus, the Company has maintained that the existing literature does not provide support for the claim that ETS exposure in the workplace is related to an increase in the risk of heart disease among nonsmokers.

A few studies have examined the possible relationship between reported exposure to ETS in the workplace and the respiratory health of nonsmoking adults. The Company has stated that the studies that have been conducted on this issue reported contradictory results. Researchers who have reviewed the studies cited problems with the methodology utilized and pointed out that confounding factors are not adequately controlled for in the studies. Data on the possible association between exposure and increased

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risk of an asthmatic reaction are noted by the Company as similarly contradictory. There are nine major studies on the possible association between exposure to ETS and acute respiratory symptoms in adult asthmatics. The studies are inconsistent in their reported results which range from reported decreases in pulmonary function of several asthmatics exposed to ETS to conclusions that ETS exposures present no acute respiratory risk to asthmatics. Studies that do report an association between adult asthma and exposure to ETS suffer from many methodological flaws.

Overall, the Company has maintained that the scientific data demonstrate that typical exposures to ETS in the workplace and other similar venues are minimal, that ETS plays a minor role in "sick-building syndrome" (SBS) and that ventilation rates such as those prescribed in ASHRAE Standard 62-1989 result in the maintenance of acceptable indoor air quality, including the dilution and removal of ETS and other indoor air constituents. Moreover, there is a significant body of scientific literature which suggests that exposure to chemical agents, radon and bioaerosols in the indoor environment is associated with complaints and possible adverse health effects. Collectively, these data suggest that a focus on ETS in an attempt to address poor indoor air quality is misdirected and inadequate. In fact, prohibition of smoking would not have affected indoor air quality problems in at least 95-98% of the building investigations reported to date.

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B. Indoor Smoking Terminology Versus the
Accommodation Terminology of the 1980s.

The ventilation rates set forth in ASHRAE Standard 62-1989 stand as the most commonly recognized ventilation standard designed to address complaints about indoor air quality. However, the Company has maintained that what is needed is an overall building systems approach to indoor air quality which focuses upon all aspects and constituents of the indoor air environment. The Company has also maintained that increasingly new technology and methodology may allow for further enhancements to indoor air quality while stabilizing or even reducing energy costs and operating costs associated with obtaining overall ventilation effectiveness.

The "ventilation approach" terminology of the Company is simply a shorthand way of addressing the general concept that the indoor air environment must be considered in its totality, and an overall building systems approach must be utilized in dealing with the indoor air environment. The "ventilation approach" does not rely solely upon ventilation, but rather uses the shorthand of ventilation terminology to refer to the total building systems approach to collective indoor air quality.

In the coming decade or decades the general concept of indoor smoking will encompass concepts of individual rights and preferences, social policy, regulatory and legislative requirements,

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the science relating to health effects of indoor air exposures, and the science and technology relating to the creation and maintenance of the indoor air environment in which indoor smoking will occur. To the extent that the 1980s concept of accommodation ever was thought to merely refer to the concept of mutual courtesy between smokers and nonsmokers, the phrase "accommodation" will not be so limited in the coming decade.

Insofar as the future is concerned, the "accommodation terminology" of the 1980s has several limitations. First, in some segments of society accommodation would refer to the accommodation of smokers by nonsmokers and the accommodation of nonsmokers by smokers. However, such a policy in effect places more than 50% of the Company's smoking policy on the shoulders of nonsmokers. Increasingly, there are a number of nonsmokers who do not want any involuntary exposure and do not want any form of "accommodation." As a consequence, the "accommodation policy" of the 1980s carries with it, inherent in the policy, the "seeds of its own destruction". In addition, an "accommodation policy" offers no immediate and inherent consideration of the many factors which must be considered collectively when the issues of ETS, indoor smoking and indoor air quality converge in an indoor environment.

Although the Company obviously will want to continue to encourage employers, building owners, building managers and others

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to pursue "reasonable accommodation" in the workplace or in public places, this limited doctrine of "negotiation" or of "courtesy" is simply one aspect of a much larger approach to the total indoor environment. In this regard, and as more fully discussed in the various sections in this memorandum, the Company should consider the adoption and implementation of an overall corporate indoor air quality policy and program. A significant part of such a policy or program should be a corporate approach to the issue of indoor smoking. Indoor smoking, in turn, may encompass concepts of reasonable accommodation, but in addition to accommodation, the indoor smoking policy would reflect a concern for, and consideration of, indoor air quality issues, a building systems approach to indoor air quality, scientific issues relating to exposure, regulatory issues, and the many other issues which contribute to an overall consideration of indoor smoking in any indoor environment.

As indicated above, the concept of indoor smoking in the next two decades may include a convergence of scientific data, health effects, comfort, social policy, regulatory requirements, and new technology. If the Company is to espouse any doctrine which supports smoking indoors, the Company must be prepared to address all of the converging, contributing factors that will comprise the overall concept of indoor smoking in the coming decades.

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The sections which follow attempt to discuss many of the factors which the Company should consider in the coming decades as a part of an overall corporate approach to the converging issues of ETS, indoor smoking and indoor air quality in the coming decade.

I. CORPORATE ETS, INDOOR SMOKING AND INDOOR AIR
QUALITY IAQ POLICY AND COMMITTEE

The diversity of the overall ETS/indoor smoking/IAQ landscape (see Appendix 1) strongly suggests that the Company will need an overall, coordinated IAQ corporate policy. Ideally, such a policy should be adopted by management and administered by a corporate ETS/IAQ policy committee. Because of the legal dimensions and implications of the various aspects of the ETS/IAQ issue, consideration may be given to having the Chair of the Committee be designated from in-house legal.

An overall policy might bring together under one corporate focus the various aspects of the indoor air quality issue which might be addressed in an overall corporate policy. To illustrate for purposes of discussion, some of the aspects of an illustrative corporate IAQ policy arguably might include:

1. The IAQ legislative and regulatory landscape (Congress, federal agencies such as OSHA, EPA, NIOSH, and state legislatures). The Philip Morris legislative and regulatory effort should be informed by a coordinated IAQ policy;

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2. The scientific focus upon the health effects associated with exposures to various constituents of indoor air quality. As a tobacco manufacturer, Philip Morris U.S.A. would continue to be concerned with any alleged health effects resulting from indoor air exposure to environmental tobacco smoke;

3. The non-Philip Morris general IAQ litigation. This would include how litigation influences or defines the indoor air quality issue in the next two decades. Such litigation might include sick building syndrome (SBS) litigation, workers' compensation litigation, other types of claims associated with poor indoor air quality;

4. The engineering and technology associated with the creation and maintenance of good indoor air quality. This technological aspect of IAQ focuses upon ventilation rates, HVAC systems, architectural design of buildings which create and provide good indoor air quality, energy costs and savings through efficiently applied technology, and other related issues. It is this complex and extremely important IAQ area which may provide an additional future focus for the company;

5. The policy questions associated with indoor air quality. Although indoor smoking may involve ventilation issues,

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alleged health effects, and other issues, there also will be general policy considerations associated with "accommodation" of smoking indoors;

6. The IAQ "Media Umbrella." This policy aspect would focus upon the public awareness aspects of indoor air quality. A coordinated Philip Morris IAQ policy might help to inform the overall media perspective on IAQ.

An overall Philip Morris ETS, Indoor Smoking and IAQ policy should arguably take into consideration the types of factors outlined above.

Philip Morris is an employer, a building owner and manager, and a manufacturer of cigarettes. People now spend 90% of their time indoors, and increasingly, insofar as the workplace is concerned, the indoor environment is an indoor office environment as opposed to an industrial workplace. Against this backdrop, it is also important to note that there are at least 53 million smokers in the United States who, as with the rest of the population, spend 90% of their time indoors. It is in this context that it becomes increasingly important for Philip Morris to have an overall, comprehensive indoor air quality policy that brings together the various aspects of indoor air quality referenced above.

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It will also be important to have an overall corporate ETS, Indoor Smoking and IAQ policy because indoor smoking in the next two decades may depend upon how the larger issue of indoor air quality is managed by society. In this regard, there is every indication from an engineering and technological standpoint, that indoor air quality and ventilation rates can be maintained or improved at the same or reduced energy costs. More importantly, however, the technology is on the horizon which would allow for "ventilation on demand" -- providing optimum amounts of fresh air to the individual workspaces, while eliminating the need for recirculating the air to the central HVAC system and back through the building. If Philip Morris comprehensively and aggressively addresses an ETS, Indoor Smoking and IAQ policy, such an approach might enhance the likelihood that new technology would provide further bases for individual choice and "accommodation" of smokers.

As noted above, if the company is to effectively utilize its resources in addressing indoor air quality issues in the next two decades, it can reasonably be urged that an overall coordinated approach is absolutely essential. This is no more important than in the area of the engineering and technological aspects of indoor air quality in general, and ventilation in particular. Specific technological areas that can be coordinated as a part of engineering and technological coordination on IAQ could include:

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a. Coordination of IAQ and ventilation approaches at Philip Morris buildings to establish a sound, uniform policy that applies to all corporate locations;

b. Coordination and liaison between Philip Morris and professional organizations and societies that deal with indoor air issues, such as ASHRAE;

c. Overall coordination concerning innovative applications of technology to specific indoor air circumstances, such as the use and application of the F.A.C.T. technology;

d. Coordination of the use of Philip Morris resources to further the development of state of the art technology that will contribute to good indoor air quality, ventilation on demand, and will eliminate the need to recirculate air through one common HVAC system. These new technologies may achieve superior indoor air quality at reduced energy and operating costs, all of which will further interests of society. In addition, innovative solutions to IAQ and ventilation engineering issues, may also address such issues as the use of chlorofluorocarbons in HVAC systems. Philip Morris can operate on the cutting edge of engineering and technological programs that will provide better air quality,

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with reduced undesirable byproducts such as the release of chlorofluorocarbons;

e. Coordination of a uniform scientific, engineering and technological IAQ perspective for Corporate Affairs and public relations positions taken by Philip Morris Companies on the important IAQ issues;

f. Coordination of an engineering and technological focus for considering and evaluating new technologies which might be incorporated in new or renovated Philip Morris buildings;

g. Coordination of an overall program to evaluate new technologies (i.e. Union Carbide) in areas such as filtration, which can provide a positive contribution to overall indoor air quality and can enhance the ability to have individual choices and preferences accommodated in an indoor air environment.

But in the end, the "return on the IAQ investment" is that if Philip Morris stays with the ETS issue, and if Philip Morris invests in an IAQ policy, and if Philip Morris commits its resources to support aggressive, participatory involvement of Philip Morris in the indoor air issue, there is, at least from a technological

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standpoint, a "light at the end of the tunnel" which would further support individual choice on indoor smoking in an environment that has optimum ventilation effectiveness, at constant or reduced energy costs, with no recirculation of air from individual spaces. Technology is literally "at hand" which would allow employers, building owners or managers, or others to allow smoking in the workplace or in public buildings, without having systems that recirculate air between the smoking and nonsmoking spaces. Although scientific studies indicate that there is no significant exposure to nonsmokers when smoking is allowed in an environment served by a single HVAC system, the anti-smoking advocates nonetheless vigorously attack the recirculation point. Technology may render this "stalking horse" irrelevant.

II. LEGAL AUDIT

Although the ETS/IAQ issues of the next decade have many facets including scientific, business and corporate affairs, there is a legal foundation to much of the ETS/IAQ landscape (See Appendix 1). Litigation against the Company, litigation against others not involving the Company (i.e. IAQ workers' compensation), regulatory proceedings at OSHA, EPA, state indoor air quality acts, local smoking ordinances and other law related factors all contribute to this legal foundation. However, given the wide range of ETS/IAQ projects from corporate affairs to scientific, it is

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possible that not all projects or undertakings are currently designated for a legal review.

To begin to accurately assess the legal dimensions of all ETS/IAQ work of the Company, consideration could perhaps be given to identifying all ETS/IAQ projects or undertakings and to conduct a "legal audit" of each to identify the legal parameters, if any, to the project. For example, consider hypothetically, a decision by the Company to fund ETS/IAQ activities and consultants on a basis which is restricted to international, non-U.S. involvement. A legal audit might, in part, consider whether a plaintiff's discovery in U.S. products liability litigation (interrogatories, requests for production, depositions or requests for admissions) might require disclosure of both the funding and the nature and extent of the consultant network. A legal audit would serve to identify these and other legal parameters, if any, of existing and planned ETS/IAQ projects or undertakings. The "legal dimension" could then be incorporated in ongoing, future review and evaluation of the projects.

A logical corollary to the ETS/IAQ legal audit would be a review and examination of all ETS/IAQ documents held by the Company, in anticipation of litigation-related discovery requests. The question of document examination has already been identified

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and discussed in communications between the Company and litigation counsel.

**III. THE GLOBAL VILLAGE: COMPANY COORDINATION ON
AN INTERNATIONAL BASIS OF ETS, INDOOR SMOKING
AND INDOOR AIR QUALITY EFFORTS**

The Company, for a variety of business reasons, may be inclined toward a corporate organization that separates domestic U.S. operations from various international operations. However, the issues of ETS, indoor smoking and indoor air quality are not necessarily compartmentalized into domestic and international venues. The issues transcend national boundaries and are truly under consideration, discussion and review on an international, "real time" basis.

Admittedly, the ETS and IAQ product liability litigation in the United States may not find immediate or long-term international expression in other countries, due in part to the fact that the judicial systems of various countries differ. There is probably no country on the planet that has a product liability system that is as aggressive and as extensive as that found in the United States. Thus, litigation developments in the United States may not readily translate into litigation developments abroad.

However, when the general issues of ETS, indoor smoking and indoor air quality are considered, there are no such restraints

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on the spread of the issue. The view which perhaps had some validity in the 1980s -- namely, that developments in the U.S. would find "seed" in the soil of other countries two to ten years "down the road" -- perhaps is no longer accurate. We are arguably operating in a "global village" when it comes to consideration of ETS, indoor smoking and indoor air quality. The issues are being considered and addressed in the media, in regulatory environments, in the workplaces, and in other contexts almost simultaneously (although admittedly in varying degrees) around the world. Thus, a corporate strategy which departmentalizes consideration of ETS, indoor smoking and indoor air quality issues into domestic and international venues, may not accurately reflect the reality of the present situation.

The Company could perhaps give consideration to at least coordinating the Company activities on ETS, indoor smoking and indoor air quality across the domestic and international lines. The proposed ETS, indoor smoking and indoor air quality policy committee might be a vehicle to provide that communication and coordination, to the extent such coordination and communication could be undertaken without generating additional litigation discovery avenues or pathways. As noted above, because of the "legal foundation" to many of the issues relating to indoor smoking and indoor air quality, there perhaps should be a "legal awareness"

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of all projects or undertakings being pursued on behalf of the Company relating to ETS, indoor smoking and indoor air quality.

In addition to the need for a legal coordination and monitoring as to legal implications of company actions on these various areas, there are a number of other considerations which may speak strongly for further or enhanced coordination. First, positions that the Company might choose to take domestically in regulatory proceedings such as proceedings at OSHA, should be substantively and scientifically consistent with the positions taken elsewhere on behalf of the Company concerning the same issues. This objective is obviously easier to meet to the extent that there is communication and coordination concerning domestic and international involvement on the issues.

Second, there is always the possibility that informed consideration of ETS, indoor smoking and indoor air quality issues could result in refinement of corporate policy on these questions which would not be reflected in all of the activities or undertakings being pursued on behalf of the Company. Thus, if a set of activities were set in motion in the 1980s based upon a perceived approach to issues, but if the Company approach to those issues has changed based upon the science, technology and other factors, a review of projects previously set in motion might be appropriate. In short, projects or undertakings may be underway

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which at a minimum are not essential to support present corporate policy on the issues, or at worst, may be inconsistent with corporate policy on the issues.

Third, there is always the possibility that there might be economic efficiencies and savings which could be derived from further coordination. Tasks undertaken twice, in two different venues, may represent unnecessary expenditures to the Company. It is difficult to see how such unnecessary duplication, if any, could be identified absent an overall coordination of the corporate approach to ETS, indoor smoking and indoor air quality issues.

Finally, an overall coordinated approach that involves coordination on the ETS, indoor smoking and workplace smoking issues domestically and internationally would presumably keep the Company "better informed" and would allow for more immediate reaction to events, and more timely changes or refinements to corporate policy. In the end, increased coordination should make the Company more responsive to the challenging and changing nature of the ETS, indoor smoking and indoor air quality issues.

IV. ETS AND IAQ -- THE SCIENCE AND TECHNOLOGY

A. ETS

An important part of the ETS/IAQ issue in the next decade is the underlying science regarding the chemistry of ETS and the

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alleged health effects associated with exposure to ETS. The ETS science may be discussed and may find expression in the following venues:

- (i) Scientific research and scientific writing;
- (ii) Regulatory review and rulemaking; and
- (iii) Litigation.

Since the law regards the Company to be an expert in the scientific issues associated with ETS, the Company must remain active in these areas. Continued consideration obviously should be given to the following aspects of scientific activity:

- (i) Ongoing monitoring of ETS scientific literature should continue;
- (ii) If circumstances warrant, contributions to ETS scientific research should be considered;
- (iii) Obviously, efforts to identify ETS scientific witnesses for litigation should continue; and

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- (iv) Efforts should be maintained and enhanced for certain, designated Company employees to attend, monitor and participate in various scientific meetings.

Overall, consideration should be given to further, direct public participation by the Company on technical and scientific issues.

B. IAQ Science and Technology

Since smoking indoors typically occurs in an artificial, man-made indoor air environment, the evolving science and technology relating to indoor air quality is clearly important. As discussed above, the Company should consider coordination of its overall IAQ scientific approach, consistent with, and as a part of, the coordinated overall approach to indoor air quality.

C. In-House IAQ Scientific/Technical Coordinator

Consideration should be given to designating a management level IAQ scientific/technological coordinator who would (i) be on the IAQ committee, (ii) be conversant with the scientific aspects of the coordinated Company IAQ policy, (iii) be familiar with all major IAQ initiatives, programs or projects within the Company, (iv) act as a Company IAQ scientific liaison to the IAQ community,

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and (iv) coordinate IAQ policy with any consultants retained by the Company to provide IAQ scientific input to the Company.

D. Outside Consultant on IAQ Science and Technology

The Company should consider retaining at least one outside consultant on IAQ Science and Technology. Gershon Meckler is illustrative of one possible candidate for such a position. An outside coordinator/consultant on indoor air science and technology could help to define and implement the overall corporate approach to IAQ.

E. Other Scientific Considerations Including CIAR

Consideration should be given by the Company to reviewing how, and to what extent, all research relating to ETS, indoor smoking or indoor air quality is funded.

Consideration could perhaps be given to increasing the scientific capabilities of the Company in anticipation of more, direct involvement of the Company on the scientific issues. For example, in the scientific area, R.J. Reynolds has been active in doing further research and in publishing articles on scientific issues relating to ETS, indoor smoking and indoor air quality. This direct participation by a tobacco company allows for the Company to hire and retain as in-house scientists individuals with

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outstanding credentials who can then address and consider the various scientific issues. It is always possible that the contribution of company scientists would be discounted by those opposed to tobacco, but if the science is sound, hopefully in the long run the objective nature of the science will "win out".

In considering other funding and other research, all present programs perhaps should be considered. In this regard, consideration may be given to the role of the Center for Indoor Air Research. An argument can be made that perhaps the Company should curtail its involvement with the Center for Indoor Air Research, and should consider direct funding of indoor air research on specific issues. Of particularized concern to the company may be the overall issues of ventilation effectiveness and ventilation efficiency. Direct funding by the Company of key scientists doing "cutting edge" work in these areas, may, in the long run, be of more assistance to the overall scientific debate than would the randomized projects of the Center for Indoor Air Research. In any case, this is an area which could perhaps be reevaluated.

V. LITIGATION INVOLVING THE COMPANY

ETS litigation involving the Company could include (i) ETS products liability, (ii) ETS conspiracy/fraud, (iii) sick building syndrome (SBS) or building related illness (BRI) cases involving the Company where alleged ETS exposure is allegedly a cause,

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(iv) workers' compensation involving allegations of alleged ETS exposure, and (v) other direct claims against the Company.

As indicated above, the Company's position on the science indicates that it clearly has not been established that environmental tobacco smoke exposure causes chronic health effects in nonsmoking individuals exposed to environmental tobacco smoke. In addition, in the context of the indoor air environment, with multiple exposures, there is a very real question as to how plaintiffs can meet any causation burden concerning alleged health effects injuries attributable to alleged exposure to environmental tobacco smoke. In this context, product liability litigation against the Company should be vigorously defended.

It may be that a civil trial with its defined procedures which apply to both sides, with its established burden of proof, and with its provisions for rigorous direct and cross examination of scientific witnesses, may eventually provide the most objective forum for a "hearing" on the science relating to the alleged health effects from the exposure to ETS. This is important from the standpoint of the overall ETS, indoor smoking and indoor air quality policy of the Company. If the litigation venue is, indeed, the first place where the science on the alleged health effects from ETS exposure is fully and fairly considered, the Company would have a strong interest in actively considering and pursuing

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involvement in all other venues where ETS, indoor smoking and indoor air quality are considered. As noted elsewhere in this memorandum, the regulatory environment, for example, may be inclined to "short circuit" the objective, unbiased review of the science. As the Congressional action on smoking on domestic airlines indicates, Congress or the regulatory agencies may take action before "the science is in" or before the science can be adequately considered. It is thus essential that the Company maintain and continue its involvement in all regulatory venues and other similar venues concerning the ETS, indoor smoking and indoor air quality issues. The Company's objective to have ETS, indoor smoking and indoor air quality issues fully, fairly and objectively considered on the basis of the science and technology is a worthwhile objective. The scientific issue cannot be foreclosed before there has been a full and complete objective consideration of all scientific evidence. If that objective consideration does not occur until a formal trial in a judicial proceeding, the Company must keep the regulatory door from "shutting" prematurely and inappropriately on the science.

VI. LITIGATION INVOLVING ETS OR IAQ CLAIMS WHERE
NEITHER THE COMPANY NOR THE INDUSTRY IS THE
DEFENDANT

The Company has in place mechanisms to monitor litigation involving ETS or IAQ claims where neither the Company nor the industry is the defendant. Efforts in this regard should be

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continued as these types of cases may be one of the elements which help to define and shape the ETS, indoor smoking and indoor air quality environment in the next two decades.

**VII. FEDERAL REGULATORY, FEDERAL LEGISLATIVE AND
FEDERAL EXECUTIVE**

The federal focus of the anti-tobacco interests will be on a range of anti-smoking options including:

- (i) A smokeless society by, for example, the year 2000;
or
- (ii) A tobacco restricted society following the "alcohol model" of restricted sales, restricted use and restricted promotion; or
- (iii) Severely regulated, but general use of cigarettes and tobacco products (i.e. no smoking in public places; no smoking in designated places such as day-care; restricted smoking in the workplace in separately designated, physically separated smoking areas that are separately ventilated, separately exhausted, and operate under negative pressure compared to the remainder of the workplace).

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The Company position has been (i) smoking bans are not scientifically justified or supportable, (ii) individual choice (whether the individual smoker or the individual employer-union) should be preserved, (iii) reasonable smoker/nonsmoker accommodation should be promoted, (iv) an overall regulatory focus on total indoor air quality should be pursued and in so doing a total building systems approach to IAQ should be sought, and (v) efforts such as those by EPA to ban smoking on the alleged basis of indoor air pollutant source control are not justified and should be resisted.

Today the regulatory focus is on Congress, OSHA, EPA, NIOSH, AHS, CDC, DOT and DOE. Tomorrow, the regulatory focus may be different but the anti-tobacco agenda will be the same, and the debate may focus upon the same issues. Thus, the need for a consistent coordinated, federal regulatory approach by the Company will continue through the next decade.

A. Political

Consideration should be given to further emphasizing the overall political role of the Washington office on ETS, indoor smoking and indoor air quality in all areas except direct regulatory response (discussed below) and direct industry Congressional testimony (discussed below). The Washington office focus could continue to include Congressional liaison, White House liaison,

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trade association liaison and general political contacts with federal regulatory agencies.

In this regard, consideration should be given to the role of Tobacco Institute involvement in all of these areas which might otherwise be contemplated for Washington office handling. That is to say, TI perhaps should not be directly involved, up front, in White House liaison, Congressional liaison, or federal agency political liaison on ETS, indoor smoking and indoor air quality. TI obviously could continue, under such an approach, with legislative testimony on behalf of the industry, public docket submissions and public statements on ETS, indoor smoking and IAQ federal regulatory issues.

To effectively discharge its political responsibilities, consideration perhaps should be given to staffing the Washington office with one or more in-house scientific persons -- perhaps one with ETS expertise on smoking and health and another with IAQ expertise. Structurally, this person or these persons could even be, or remain, assigned to Richmond but be "on assignment" to the D.C. office. The person or persons so designated could have the responsibility for coordinating Washington office contacts with other company scientific resources, including those that might be identifiable through retained counsel.

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A greater scientific presence in the Washington office could possibly help to "inform" the political work of that office and might facilitate the delivery of scientific resources, otherwise available to the Company, to a political venue where they may perhaps be needed on a day to day basis.

B. Regulatory

The EPA public docket and the OSHA RFI public docket are the two most recent examples "formal" federal regulatory activity. It is recommended that retained outside counsel continue to coordinate this work on behalf of the Company, providing coordinating input to the Company as needed. There are many reasons for this recommended approach, some of which are noted below.

First, if federal agencies take formal action the Company can legitimately request the legal advice, input and analysis of retained outside counsel. As such, there is a strong argument that communications between counsel and the Company are protected under the attorney-client privilege. (Obviously public docket submissions and other public dockets would not be so protected.)

Second, the regulatory processes may result in appeals or other litigation which suggest ongoing involvement of counsel.

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Third, involvement of counsel can provide the Company with access to resources that might not otherwise be directly available to the Company.

Fourth, some of the scientific positions taken in regulatory proceedings may be the same as, involve the same science as, or involve some of the same witnesses or types of witnesses as would product liability litigation. As such, the work on one area would help to reinforce the work on the other.

C. Federal Legislative

The industry and the Company may want the Tobacco Institute to continue with direct legislative participation in Congress on ETS, indoor smoking and IAQ issues. Such participation may, from time to time, involve the presentation of statements and testimony.

However, as noted above, this still leaves a considerable area of legislative political involvement for the Washington office. As noted above, consideration perhaps should be given to encouraging and expanding this legislative liaison role.

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VIII. STATE REGULATORY AND LEGISLATIVE

A. Regulatory

Although regulatory developments from federal agencies, such as OSHA, can clearly "set the tone" for much regulatory development in the various states, independent state regulatory activities by state OSHAs or state EPAs may have significant relevance to ETS, indoor smoking and indoor air quality issues. Consideration perhaps should be given by the Company to monitoring, through retained outside counsel, the legal regulatory developments in the various states.

In this regard, it should not be necessary to closely monitor and follow the regulatory developments in all 50 states. As a first priority, some evaluation could be made as to those states (i) which might have regulatory activity and developments, and (ii) which might have significant impact on other states or other jurisdictions. For example, California and New York might be lead states in which it would be important to have counsel follow the ETS, indoor smoking and indoor air quality regulatory developments.

B. Legislative

There may be a variety of legislative developments in the various states relating to ETS, indoor smoking or indoor air quality. The legislative monitoring resources of Philip Morris,

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and perhaps the Tobacco Institute, could be focused upon these potential legislative developments to provide active and effective monitoring on behalf of the Company.

C. Semi-Regulatory Organizations

Organizations such as ASHRAE have a strong regulatory impact with their work and their "consensus standards". As discussed elsewhere in this memorandum, efforts perhaps should be considered by the Company to directly involve appropriately credentialed company personnel in the work of organizations such as ASHRAE.

However, consideration should also be given to having retained outside counsel monitor and participate in work of key consensus organizations such as ASHRAE, because of the close relationship of the work of such organizations to the regulatory process, to ordinance and code creation, and to the creation of statutes and regulations.

D. Model Laws

There is some indication that at least one group is considering the development of a model indoor air quality statute which will be first discussed and presented at the IAQ meetings in Tampa at the beginning of May. Consideration should be given to having retained outside counsel monitor the development of all

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model statutes and codes by various organizations which might relate to ETS, indoor smoking or indoor air quality. Following through on the theme of domestic/international coordination, there should be coordination and communication concerning domestic and international developments regarding model codes or statutes relating to ETS, indoor smoking or indoor air quality.

**IX. PUBLIC DISCUSSION OF ETS, INDOOR SMOKING AND
INDOOR AIR QUALITY ISSUES AND PUBLIC
PARTICIPATION BY THE COMPANY IN VARIOUS VENUES
OF PUBLIC DISCUSSION**

The Company's "public discourse" dimensions of the ETS, indoor smoking and IAQ issues arguably may fall into four general categories: (1) public support and discussion by the Company of the technical and scientific issues underlying the ETS/IAQ issues, including scientific articles, scientific meetings, letters to the editor and scientific white papers, (2) public participation by the Company in organizations such as ASHRAE that debate and act upon the ETS/IAQ issues, (3) public discussion with "decision or opinion makers" who may be making decisions about ETS/IAQ issues (corporate management, Congressional staffers, insurance company executives), and (4) public discourse focused upon the general public opinions about ETS, indoor smoking and IAQ.

of the foregoing, the first three would seem to offer the best avenues for meaningful public participation by the Company. This is due in part to the fact that general public opinion may

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have already crystallized to some extent on ETS-related issues. (See Appendix 3 and Appendix 4.) This is also due in part, however, to the view that, in the long-run, the best way to positively contribute to general public opinion may be with a public discussion of, or contribution to, the objective underlying science.

A. Public Participation in Organizations

As a part of the overall corporate IAQ policy, the Company should continue and enhance visible public participation in organizations such as ASHRAE. Relevant job descriptions of concerned Company employees perhaps should include and contemplate such involvement and the Company, overall, should be supportive of this outside involvement.

As a corollary to direct participation, the Company should encourage attendance at, and participation in, meetings of organizations that will be dealing in a meaningful, objective and scientific way with ETS, indoor smoking and IAQ issues.

B. Corporate Affairs

Consideration may be given to having a focus of corporate affairs involvement as to ETS, indoor smoking and IAQ be to disseminate information on the objective underlying scientific and technical issues. Perhaps little if any emphasis should be directed toward trying to contribute directly to the general public

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discussion regarding the general public opinions on the ETS/IAQ issues.

C. The Tobacco Institute

Consideration could be given to limiting the role of TI in speaking on issues relating to ETS, indoor smoking and IAQ. There are a variety of reasons for this consideration which may merit discussions beyond the scope of this Executive Summary.

Given the foregoing, in the interests of efficiency the overall role of TI on ETS, indoor smoking and indoor air quality, including the "public discourse" role, possibly might be redefined and circumscribed as follows:

1. TI could continue to provide expert/consultant public statements (publicly disclosed and acknowledged) to Congress and to federal agencies on ETS/IAQ issues on behalf of the industry.
2. TI could continue to provide media responses to inquiries relating to ETS/IAQ issues.
3. TI could perhaps curtail any work with consultants/experts (if any such work has existed) designed to generate scientific articles or other

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similar documents relating to ETS, indoor smoking and IAQ issues.

4. TI could perhaps curtail all aspects of a consultant program (if any) focused upon attending meetings or participating at meetings for the purpose of monitoring or influencing ETS/IAQ discussions or developments.
5. TI could perhaps curtail any indirect lobbying, if any, of federal agencies or Congressional staffers concerning ETS/IAQ issues.
6. TI could continue to monitor and work on state legislative/regulatory developments relating to ETS/IAQ issues.
7. TI could continue to coordinate the work of the IAQ database at the Center for Environmental Health and Human Toxicology.

In the coming decade the TI role on ETS/IAQ issues could perhaps be focused and limited to the publicly disclosed, narrowly defined activities noted above.

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CONCLUSIONS

If the Company is to "accommodate" smoking in the indoor environment, it should be adopting and implementing an overall corporate approach to ETS, indoor smoking and indoor air quality.

To promote the efficiency of the overall corporate approach and policy as to ETS, indoor smoking and indoor air quality issues the Company should consider establishing an IAQ committee, and should consider some mechanism for communication concerning matters relating to ETS, indoor smoking and indoor air quality by and between domestic and international operations.

Because so many of the issues relating to ETS, indoor smoking and indoor air quality have a legal foundation or parameter, there should be at least a "legal awareness" audit of all projects and undertakings relating to ETS, indoor smoking and indoor air quality. In addition, perhaps the in-house legal department should be considered as a possible "chair" for the IAQ corporate policy committee.

Because the "accommodation" of smoking in the indoor environment necessitates a focus on the overall building systems approach to indoor air quality and all issues relating to ETS, indoor smoking and indoor air quality, the Company should actively

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participate either directly, or through counsel, in the regulatory, legislative, scientific, public relations, and other venues relating to the evolution and development of the ETS, indoor smoking and indoor air quality issues. As to scientific and technical research, further consideration should be given by the Company to enhancing its direct involvement in various aspects of research. In the area of indoor air quality, the building systems approach toward overall ventilation effectiveness, is one area where the Company might become even more focused and actively involved.

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APPENDIX I
OVERVIEW OF THE
UNITED STATES
ETS/IAQ LANDSCAPE

I. Civil Litigation

- A. Against the Industry [ETS]
 - 1. Products Liability
 - 2. Conspiracy
- B. Against Employers
 - 1. Statutory claims
 - a. Workers' compensation
 - b. Handicap discrimination
 - 2. Common law claims
 - a. Duty to provide safe workplace
 - b. Retaliation claims
 - c. Assault and battery
 - 3. "Condition of employment" litigation
 - 4. Collective bargaining litigation
- C. IAQ/SBS/ERI Litigation
 - 1. Building Owners and Managers
 - 2. Architects and Engineers
 - 3. Insurance Companies
 - 4. Buyers and sellers of commercial properties
 - a. IAQ audits

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D. Domestic Litigation [ETS]

1. Child custody

II. Federal Regulatory Landscape

A. OSHA

1. OSHA RFI: Workplace IAQ General Standard
2. Specific Exposure Limits to Toxic Substances in the Workplace
3. Specific ETS Standard
 - a. ASH Petitions
4. OSHA Reform Act Provisions

B. EPA: Currently Without IAQ Regulatory Authority

1. New authority to EPA?
2. EPA involved via agency coordination?

C. Department of Transportation (DOT)

D. Indoor Air Quality Act, H.R. 1066, S. 455

E. Amendments to Existing Federal Statutes or Regulations

1. TOSCA
2. CPSC
3. Hazard Communication Standard, 29 C.F.R. § 1910.1200

F. Cigarette Labelling Act

1. ETS Amendments

G. Federal Trade Commission

1. ETS Implications of Present Advertising

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2. FTC Involvement with New Product Advertising (i.e. Premier)
- H. Food and Drug Administration
 1. Jurisdiction over existing products?
 2. Jurisdiction over new products?
 - a. Premier

III. Federal "Non-Regulatory" Landscape

- A. EPA
 1. Risk Assessment
 2. Workplace Smoking Policy Guide
 3. Technical Compendium
 4. Informational/Guideline Publications
 5. Research/Studies
 6. IAQ Information Clearinghouse
- B. Executive Branch
 1. Executive Orders re: Smoking in Federal Buildings
 2. Executive Orders re: Federal Risk Assessments
- C. NIOSH
 1. Current Intelligence Bulletin on ETS
 2. Health Hazard Evaluations (NIOSH database)
- D. Department of Energy
 1. IAQ/Ventilation and Air Exchange Research (S.E.R.I.)
- E. GSA

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1. Smoking Restrictions in Government Buildings
 - a. Collective bargaining issues
 2. Energy Restrictions (i.e. ventilation) in Government Buildings
- F. OMB
1. Policy Directive A-119: Look to consensus industry standards
- G. OSHA
1. General guidelines on site investigations
- H. HHS
1. CDC, Smoking and Health in the Americas
- I. Department of Defense
- IV. State Regulatory Landscape
- A. State Indoor Air Quality Acts (including "no smoking" IAQ acts)
 - B. State OSH Acts
 - C. State EPAs
 1. California EPA Risk Assessment on ETS
 - D. Smoking and Minors Legislation
 1. OTC sales
 2. Vending machines
 3. Sporting events
 - a. Advertising restrictions
 - b. Sale restrictions

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c. Sponsorship restrictions

E. International "Cross-Over" Having an ETS/IAQ Impact in the various individual states of the United States

1. AFCO
2. U.K. . . . Smoking in Public Places
3. Finland -- Institute of Occupational Health

F. State Hearings

1. New Jersey Public Forum on Environmental Tobacco Smoke, April 22, 1992

G. Chilling Effect on Commerce of State Criminal Statutes

1. California Assembly Bill 2249 (1990) . . . a misdemeanor or felony, punishable by fine and imprisonment, for a corporation or manager with actual knowledge of product damage who fails to warn.
2. Finland
3. German Leather Spray

V. Code Requirements/Local Requirements

A. ASHRAE 62-1989

1. Committee SSFC-62 (1995)

B. ASHRAE Standards, in general

1. Filtration
2. Temperature/Humidity
3. Building Commissioning

C. "Green Zones"

1. Dade County Marriott

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- 2. Beverly Plaza Hotel
- D. Fragrance/Odor Free Zones
 - 1. Marin County, California
- E. Local No-Smoking Ordinances
- VI. Public Policy: Dimensions to Accommodation
 - A. Individual Rights/Freedoms
 - 1. Smoker
 - a. Smoking employee anti-discrimination legislation
 - 2. Nonsmoker
 - B. Regulatory Dialogue on Costs/Benefits of Smoking Policies
 - 1. OSHA's need to provide Regulatory Impact Analysis
 - C. Voluntary Smoking Bans by Private Employers
 - 1. BNA Survey
 - D. Private Organizations
 - 1. American Industrial Hygiene Association
 - E. Technology and the Issue of Accommodation
 - 1. Separate areas, separately ventilated and exhausted
 - a. New buildings
 - b. Retro-fit
 - 2. Cold air distribution systems
 - a. No recirculation
 - b. Increase ventilation

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- c. Decrease energy use and cost
 - d. Decrease CFC
- 3. In the workplace
 - a. Employee testing (saliva cotinine assay)
 - b. Ventilation on demand
 - c. IAQ monitors for employees or breathing zones
- F. Where Would Accommodation In Fact Occur?
 - 1. Workplaces?
 - 2. Public/government buildings?
 - 3. Transportation facilities?
 - a. Airplanes
 - b. Trains and buses
 - 4. Multi-family housing, one HVAC?
 - a. Apartments
 - b. Cooperatives
 - c. Condominiums
 - 5. "Special" indoor venues?
 - a. Hospitals
 - b. Schools
 - c. Day care centers
 - 6. Outdoor venues?
 - a. i.e. Notre Dame Stadium and professional franchises

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7. Anywhere one smoker and one nonsmoker are together?

VII. Corporate IAQ

- A. Smoking Policies/Accommodation
- B. Corporate Indoor Air Policy
- C. Corporate Commitment to IAQ
 - 1. Research
 - 2. Investment in Technology
 - 3. IAQ participation
 - a. Professional organizations

VIII. What Factors Have Contributed to A Regulatory Focus on ETS/IAQ?

- A. Regulatory effort does not require adherence to a litigation standard of proof re: causation.
- B. Regulatory procedures are not as "tight" as civil procedure.
- C. Opponents of smoking can infiltrate the decision making process in the regulatory environment.
- D. Regulatory effort is relatively inexpensive when compared to litigation.
- E. Regulatory efforts can employ government resources in furtherance of opponents' objective (i.e. California).
- F. Regulatory venues are everywhere -- allows broadly-based participation by opponents.
- G. Non-Government, private resources can be quickly channeled into regulatory effort (i.e. ASH at OSHA).
- H. New product development may have little practical effect on regulatory zeal of opponents.

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- I. Regulatory "battles" in the U.S. can be translated to the international arena more readily than U.S. products liability can be translated to international products liability.
- J. Opponents claim of "no safe threshold exposure" is easily "marketed" in a regulatory context.

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APPENDIX II
DISCUSSION OF
ETS/LAQ ISSUES

Does public opinion presently subscribe to the view that objective science has not established that ETS causes health effects in nonsmokers?

- * Perhaps not. Much of the initial opportunity to inform the public debate occurred in the last half of the 1980s. Jury research suggests that non-scientific media may have already formed public opinion.

Nonetheless, are there objective arguments on the science to the effect that the data have not established that ETS causes adverse health effects in nonsmokers?

- * Yes

Does the Company have scientific, causation defenses to product liability litigation claims that might allege that ETS caused injury to plaintiff nonsmokers?

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- * Yes. Science may be the leading defense in ETS products liability litigation. In civil litigation, plaintiff's burden of proof is a factor.

Is the objective science on ETS of such persuasive clarity that it will stop the search for federal regulatory solutions to ETS exposure by tobacco opponents? (i.e. Will good science win at EPA?)

- * Probably not. The opponents' search for regulatory change will in all likelihood continue regardless of the status of the science and the data.

If the movement toward federal regulation involving ETS continues, will the regulatory process uniformly allow for and provide an objective view of the science? If it is not established that ETS causes adverse health effects in nonsmokers will such science be reflected in the federal regulatory outcome?

- * Probably not.

If not, why not?

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- * Regulatory effort does not require adherence to a litigation standard of proof re: causation.
- * Regulatory procedures are not as "tight" as civil procedure.
- * Opponents of smoking can infiltrate the decision making process in the regulatory environment and become part of the "decision tree" (i.e. "the Repace model").
- * Regulatory effort by tobacco opponents is relatively inexpensive when compared to litigation.
- * Regulatory efforts can employ government resources in furtherance of opponents' objectives (i.e. California).
- * Regulatory venues are everywhere (federal, state, local). This allows broadly-based participation by opponents.
- * Non-Government, private resources can be quickly channeled by tobacco opponents into regulatory effort (i.e. ASH at OSHA).

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- * New product development by the industry may have little practical effect on the regulatory zeal of tobacco opponents.
- * Regulatory "battles" in the U.S. can perhaps be translated to the international arena by anti-smoking groups more readily than U.S. products liability can be translated to international products liability (litigation is not as common in other countries).
- * The tobacco opponents' claim of "no safe threshold exposure" may be easily "marketed" by anti-tobacco regulators and lobbyists in a regulatory context.
- * The science on ETS has not and perhaps will not be viewed in an objective manner by federal agencies. Even if, however, all of the science is considered in the regulatory environment, the EPA experience suggests that ETS data may be overridden by the "biological plausibility" and arguments of tobacco opponents.
- * Further, even if all the science is considered, objective data on ETS will be attacked by tobacco opponents as

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"industry science" (i.e. Glantz project in California and McGill).

- * As a barometer, note that the industry's scientific arguments and scientific witnesses have already been presented and rejected, at least thus far, in two venues:
(1) AFCO, (2) EPA.

Can the individual states be counted upon to weigh and evaluate objective scientific data in their regulatory processes?

- * Probably not.

What is the composite federal, state and local regulatory objective of tobacco opponents in the next 5-10 years?

- * Total ban on workplace/public smoking.

or

Smoking only in separated, segregated areas that are separately ventilated and separately exhausted.

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- * In addition, they may seek regulation or legislation that classifies ETS as a toxic, hazardous, and/or carcinogenic substance.

Will any form of new product development diminish or curtail the regulatory agenda of tobacco opponents?

- * Probably not.

Will valid scientific data to the effect that it has not been convincingly established that ETS causes adverse health effects in nonsmokers slow or stop the regulatory agenda of tobacco opponents?

- * Probably not, in and of itself. Ventilation is perhaps a "touchstone" for the larger overall issue of a building system approach to IAQ.

Is ventilation (i.e. ASHRAE 62-1989), the eventual, ultimate answer to the regulatory agenda of tobacco opponents?

- * Probably not.

Given the foregoing discussion, what strategies may be suggested?

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- * Continue to defend ETS claims brought against the Company.
[Science can win in court.]
- * Work to inform the defense of non-company ETS cases
(workers' compensation, etc.) [Science can win in these
cases].
- * Continue to present scientific data on ETS exposures to
all federal regulatory/legislative venues and all key
(i.e. California) state venues regarding regulation of
workplace or public smoking.
- * Continue to present scientific data in opposition to
regulatory/legislative regarding efforts to classify ETS
as a toxic, hazardous, or carcinogenic substance.
- * Develop an overall corporate indoor air policy to
internally coordinate and focus IAQ efforts.
- * Externally, apply the corporate IAQ policy to become an
active, participating member in the indoor air quality
debate on the issues.

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- * Use the overall corporate IAQ policy and strategy as a focus for communicating the scientific data on an ongoing basis, addressing the media/public relations/corporate affairs concerns AND developing the cost-effective technological solutions to "separately ventilated and separately exhausted".
- * Promote the policy and technology of accommodation.

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Attitudes Regarding Restrictions
Upon Smoking/Smokers

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Question:

R20D (Here is a list of laws that have been proposed. Would you read down that list and for each one tell me whether you would be for or against such a law?) A law banning smoking in all public places.

Responses:

For

81%

Against

44

Don't know

5

Survey Organization:	Roper Organization
Population:	National adult
Population Size:	2000
Interview method:	Personal
Beginning date:	DEC 4, 1976
Source Document:	Roper Report 77-1
Date of Source Document:	JAN 1977
Subject:	HEALTH REGULATION

FULL QUESTION ID: USROPER.77-1.R20D

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Question:

Q005 In your opinion, which of the policies on this card should be followed with regard to smoking in such public places as trains, buses, airplanes, restaurants and offices?

Responses:

There should be no restrictions at all on smoking in public places such as these	10%
Special areas for smokers should be set aside in public places such as these	68
Smoking should not be allowed at all in public places such as these	16
No Opinion	6

Survey Organization:	Gallup Organization	
Population:	National adult	
Population Size:	1507	
Interview method:	Personal	
Beginning date:	AUG 19, 1977	Ending date: AUG 22, 1977
Source Document:	Gallup Poll-Aipo	
Date of Source Document:	AUG 22, 1977	
Subject:	HEALTH	

FULL QUESTION ID: USGALLUP.982.Q005

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Question:

R31 Frequently in states or cities there will be propositions or amendments on the ballot in addition to candidates for office. In national elections there are only candidates to vote for, never propositions or amendments. Suppose for a minute that there were propositions or amendments to vote on on a nationwide basis. I'd like to ask you about two different propositions that might appear on ballots across the nation, give you the arguments both for and against them, then ask how you would vote on each of them. The first one is a proposition to require all indoor public places like restaurants, offices, schools, hospitals, etc., to provide separate facilities for smokers and non-smokers. If that proposition were on the ballot, would you vote for it or against it?

Responses:

For	64%
Against	30
Don't know	6

Survey Organization:	Roper Organization
Research Sponsor:	Public Broadcasting System
Population:	National adult
Population Size:	1506
Interview method:	Personal
Beginning date:	OCT 16, 1978
Source Document:	Elections 1978
Date of Source Document:	OCT 1978
Subject:	HEALTH

FULL QUESTION ID: USROPER.780663.R31

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Question:
RI10 Would you favor or oppose: A law requiring separate smoking and non-smoking areas in public places

Responses:
Favor 63%
Oppose 37

Survey Organization: CBS News
Population: National--voters as they left voting booths
Population Size: 8769
Interview method: Self-administered questionnaire
Beginning date: NOV 7, 1978 Ending date: NOV 7, 1978
Source Document: CBS News
Date of Source Document: NOV 7, 1978
Subject: HEALTH

FULL QUESTION ID: USCBS.78ELEC.RI10

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Question:

R48G (Of course we have all kinds of laws in our country that apply to a wide range of behavior and activities. The importance to our society of the strict enforcement of these laws may vary. Here is a list of just a few different kinds of laws. Would you read down that list and for each one tell me how important to society you feel it is that those laws be strictly enforced--very important, fairly important, not very important or not at all important?)... Laws related to smoking regulations in public places.

Responses:

Very important	35%
Fairly important	28
Not very important	23
Not at all important	11
Don't know	2

Survey Organization:	Roper Organization	
Population:	National adult	
Population Size:	2004	
Interview method:	Telephone	
Beginning date:	MAR 24, 1979	Ending date: MAR 31, 1979
Source Document:	Roper Report 79-4	
Date of Source Document:	APR 1979	
Subject:	CRIME	
	HEALTH	

FULL QUESTION ID: USROPER.79-4.R48G

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Question:

R26 Do you think that laws should prohibit smoking in public places, or should they require separate smoking and non-smoking sections, or should smoking in public places not be regulated by law?

Responses:

Should prohibit smoking in public places	20%
Should require separate smoking and non-smoking places	61
Should not regulate smoking in public places	15
Not sure	4

Survey Organization: Louis Harris And Associates
Research Sponsor: Prevention Magazine
Population: National adult
Population Size: 1253
Interview method: Telephone
Beginning date: NOV 15, 1984 Ending date: NOV 29, 1984
Source Document: Prevention In America II
Study Note: Study Also Contains Responses Of Parents About Their Children Under 18 Years Of Age.
Date of Source Document: NOV 1984
Subject: HEALTH

FULL QUESTION ID: USHARRIS.844006.R26

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Question:

R14 Which of the following three statements about the rights of smokers and non-smokers most closely reflects what you believe about this subject?

Responses:

Smoking areas should be segregated in all public places to protect non-smokers	68%
Non-smokers have rights too and smoking should be legally banned in all public places such as hospitals, restaurants, and airplanes	21
Smokers have the right to smoke any place and are not responsible for those who do not	5
Other (vol.)	1
No answer	4

Survey Organization:	Research And Forecasts
Research Sponsor:	American Board of Family Practice
Population:	National adult
Population Size:	1007
Interview method:	Telephone
Beginning date:	DEC 20, 1984
Ending date:	JAN 24, 1985
Source Document:	Rights And Responsibilities: Healthcare Opinions
Study Note:	Report Also Contains Comparative Results From A Sample Of 303 Family Practitioners.
Date of Source Document:	JAN 1985
Subject:	HEALTH

FULL QUESTION ID: USRF.85ABFP.R14

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Question:

R347B Smoking in public places should be prohibited by law.

Subpopulation: Asked of half sample

Responses:

Agree strongly	20%
Agree	25
Neither agree nor disagree	22
Disagree	25
Disagree strongly	7

Survey Organization: National Opinion Research Center
Population: National adult
Population Size: 1534
Interview method: Personal
Beginning date: FEB 1985 Ending date: APR 1985
Source Document: General Social Survey 1985
Study Note: Part Of A Continuing Series Of Social Indicators
Conducted Since 1972.
Date of Source Document: JUL 1986
Subject: HEALTH

FULL QUESTION ID: USNORC.GSS85S.R347B

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Question:

R68 Do you favor or oppose having separate smoking and non-smoking areas in all public places where people have to be together, like offices, theatres, buses, public buildings, restaurants, etc., or don't you really care one way or the other?

Responses:

Favor separate	73%
Oppose separate	6
Don't care	17
Depends on kind of public place (vol.)	3
Don't know	1

Survey Organization:	Roper Organization	
Population:	National adult	
Population Size:	1997	
Interview method:	Personal	
Beginning date:	JUL 13, 1985	Ending date: JUL 20, 1985
Source Document:	Roper Report	
Date of Source Document:	OCT 1985	
Subject:	HEALTH	

FULL QUESTION ID: USROPER.85-7.R68

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Question:

R69 Suppose there was new scientific medical evidence that proved to the satisfaction of all the experts that smoking is not harmful to a non-smoker's health. Would you still favor separate smoking and non-smoking areas in public places, or wouldn't you care about separate sections any longer?

Responses:

Still favor separate	68%
Wouldn't care any longer	4
Wouldn't believe new evidence (vol.)	2
Don't know	2
Not asked--oppose separate areas, don't care or don't know	24

Survey Organization:	Roper Organization	
Population:	National adult	
Population Size:	1997	
Interview method:	Personal	
Beginning date:	JUL 13, 1985	Ending date: JUL 20, 1985
Source Document:	Roper Report	
Date of Source Document:	OCT 1985	
Subject:	HEALTH	

FULL QUESTION ID: USROPER.85-7.R69

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Question:

R25 Do you feel that cigarette smoking should or should not be allowed on commercial airline flights?

Responses:

Should be allowed
Should not be allowed
Not sure

26%
67
7

Survey Organization: Kane, Parsons & Associates
Research Sponsor: American Medical Association
Population: National adult
Population Size: 1506
Interview method: Telephone
Beginning date: JAN 29, 1987 Ending date: FEB 23, 1987
Source Document: Health Care Issues
Date of Source Document: APR 1987
Subject: HEALTH
REGULATION
TRANSPORTATION

FULL QUESTION ID: USKANE.87AMA.R25

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Question:

R27 Which do you feel is a more important individual right, the right of smokers to smoke anywhere, or the right of non-smokers to a smoke-free environment?

Responses:

The right of smokers to smoke anywhere	10%
The right of non-smokers to a smoke-free environment	76
Not sure	14

Survey Organization:	Kane, Parsons & Associates	
Research Sponsor:	American Medical Association	
Population:	National adult	
Population Size:	1506	
Interview method:	Telephone	
Beginning date:	JAN 29, 1987	Ending date: FEB 23, 1987
Source Document:	Health Care Issues	
Date of Source Document:	APR 1987	
Subject:	HEALTH RIGHTS	

FULL QUESTION ID: USKANE.87AMA.R27

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Question:

Q05F Would you favor or oppose a complete ban on smoking in all public places?

Responses:

Favor	55%
Oppose	43
Don't Know	2

Survey Organization:	Gallup Organization		
Population:	National adult		
Population Size:	1015		
Interview method:	Telephone		
Beginning date:	MAR 14, 1987	Ending date:	MAR 18, 1987
Source Document:	Gallup Poll--Ai		
Date of Source Document:	MAR 18, 1987		
Subject:	HEALTH REGULATION		

FULL QUESTION ID: USGALLUP.852AI.Q05F

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Question:

R21 In general, do you approve or disapprove of laws which restrict smoking in the workplace and other public places?

Responses:

Approve

65%

Disapprove

29

Not sure

6

Survey Organization: NBC News/Wall Street Journal
Population: National adult
Population Size: 2304
Interview method: Telephone
Beginning date: APR 12, 1987 Ending date: APR 14, 1987
Source Document: NBC News/Wall Street Journal
Date of Source Document: APR 24, 1987
Subject: HEALTH

FULL QUESTION ID: USNBCWSJ.128.R21

2041245775

Question:

R23 Does smoking in the place where you work bother you, or not?

Subpopulation: Non-smokers who work (44%)

Responses:

Yes

57%

No

42

Not sure

1

Survey Organization: NBC News/Wall Street Journal
Population: National adult
Population Size: 2304
Interview method: Telephone
Beginning date: APR 12, 1987 Ending date: APR 14, 1987
Source Document: NBC News/Wall Street Journal
Date of Source Document: APR 24, 1987
Subject: HEALTH
WORK

FULL QUESTION ID: USNBCWSJ.128.R23

2041245776

Question:

R24 Are you now more likely to think about your rights as a non-smoker than you were five years ago, or not?

Subpopulation: Non-smokers who work (44%)

Responses:

Yes	66%
No	32
Was a smoker five years ago (vol.)	1
Not sure	1

Survey Organization:	NBC News/Wall Street Journal	
Population:	National adult	
Population Size:	2304	
Interview method:	Telephone	
Beginning date:	APR 12, 1987	Ending date: APR 14, 1987
Source Document:	NBC News/Wall Street Journal	
Date of Source Document:	APR 24, 1987	
Subject:	HEALTH WORK	

FULL QUESTION ID: USNBCWSJ.128.R24

2041245777

Question:

R1A What is your opinion regarding smoking in these public places?...
Hotels and motels

Responses:

Set aside certain areas
Totally ban smoking
No restrictions
Don't know

67%
10
20
3

Survey Organization:	Gallup Organization
Research Sponsor:	American Lung Association
Population:	National adult
Population Size:	2059
Interview method:	Personal
Beginning date:	JUN 1987
Source Document:	Smoking Survey
Date of Source Document:	DEC 1987
Subject:	HEALTH

Ending date: JUN 1987

FULL QUESTION ID: USGALLUP.87LUNG.R1A

2041245778

Question:
R1B (What is your opinion regarding smoking in these public places?)...
Restaurants

Responses:
Set aside certain areas
Totally ban smoking
No restrictions
Don't know

74%
17
8
1

Survey Organization: Gallup Organization
Research Sponsor: American Lung Association
Population: National adult
Population Size: 2059
Interview method: Personal
Beginning date: JUN 1987 Ending date: JUN 1987
Source Document: Smoking Survey
Date of Source Document: DEC 1987
Subject: HEALTH

FULL QUESTION ID: USGALLUP.87LUNG.R1B

2041245779

Question:
R1C (What is your opinion regarding smoking in these public places?)...
Workplaces

Responses:
Set aside certain areas
Totally ban smoking
No restrictions
Don't know

70%
17
11
2

Survey Organization: Gallup Organization
Research Sponsor: American Lung Association
Population: National adult
Population Size: 2059
Interview method: Personal
Beginning date: JUN 1987 Ending date: JUN 1987
Source Document: Smoking Survey
Date of Source Document: DEC 1987
Subject: HEALTH
WORK

FULL QUESTION ID: USGALLUP.87LUNG.R1C

2041245780

Question:

R2 Should smokers refrain from smoking in the presence of nonsmokers?

Responses:

Agree	77%
Disagree	19
No opinion/Don't know	4

Survey Organization:	Gallup Organization	
Research Sponsor:	American Lung Association	
Population:	National adult	
Population Size:	2059	
Interview method:	Personal	
Beginning date:	JUN 1987	Ending date: JUN 1987
Source Document:	Smoking Survey	
Date of Source Document:	DEC 1987	
Subject:	HEALTH	

FULL QUESTION ID: USGALLUP.87LUNG.R2

2041245781

Question:

R02YY (I am going to read some statements to you about current issues. Please indicate if you strongly agree, slightly agree, slightly disagree, or strongly disagree.)... Regulations against smoking have gone too far.

Responses:

Strongly agree	23%
Slightly agree	13
Slightly disagree	20
Strongly disagree	42
No opinion/Not sure	2

Survey Organization:	Mark Clements Research
Research Sponsor:	Glamour Magazine
Population:	Women aged 18-65
Population Size:	800
Interview method:	Telephone
Beginning date:	AUG 6, 1987
Source Document:	Women's Attitudes 1987
Date of Source Document:	SEP 1987
Subject:	WOMEN HEALTH REGULATION

FULL QUESTION ID: USCLMNTS.87GLAM.R02YY

2041245782

Question:

R30 Do you think that laws should prohibit smoking in public places, or should they require separate smoking and non-smoking sections, or should smoking in public places not be regulated by law?

Responses:

Should prohibit smoking in public places	23%
Should require separate smoking and non-smoking sections	61
Should not regulate smoking in public places	13
Not sure	3

Survey Organization:	Louis Harris And Associates	
Research Sponsor:	Prevention Magazine	
Population:	National adult	
Population Size:	1250	
Interview method:	Telephone	
Beginning date:	NOV 11, 1987	Ending date: NOV 25, 1987
Source Document:	Prevention In America Five	
Date of Source Document:	NOV 1987	
Subject:	HEALTH	

FULL QUESTION ID: USHARRIS.87PREV.R30

2041245783

Question:

R3 Do you think smoking in public places should be allowed without restrictions, or should be allowed only in designated areas, or should be banned from the public places altogether?

Responses:

Allowed with restrictions	9%
Designated areas only	56
Banned altogether	31
Don't know	8

Survey Organization:	Maritz Marketing Research
Population:	National adult head of household
Population Size:	1000
Interview method:	Telephone
Beginning date:	JAN 1988
Source Document:	Maritz Ameripoll
Date of Source Document:	JAN 15, 1988
Subject:	HEALTH REGULATION

FULL QUESTION ID: USMARITZ.011588.R3

2041245784

Question:

Q927 Would you favor or oppose a law that would limit smoking to designated areas in public places such as stores, schools, offices, work places, and auditoriums?

Responses:

Favor

78%

Oppose

18

Don't know

4

Survey Organization:	Gallup Organization
Research Sponsor:	Times Mirror
Population:	National adult
Population Size:	3021
Interview method:	Personal
Beginning date:	MAY 13, 1988
Source Document:	The People, The Press & Politics
Date of Source Document:	MAY 1988
Subject:	HEALTH

FULL QUESTION ID: USGALLUP.588TM.Q927

2041245785

Question:

R34 How often, if ever, do you ask someone smoking around you to put their cigarette out? Do you ask them...

Subpopulation: Don't smoke cigarettes (73%)

Responses:

Frequently	15%
Sometimes	19
Rarely	25
Never	38
Never had to	6

Survey Organization: Gordon S. Black
Research Sponsor: U.S.A. Today
Population: National adult
Population Size: 600
Interview method: Telephone
Beginning date: JUN 5, 1988 Ending date: JUN 7, 1988
Source Document: Gordon Black/U.S.A. Today
Date of Source Document: JUN 7, 1988
Subject: HEALTH

FULL QUESTION ID: USGBUSA.060788.R34

2041245786

Question:

R07 Currently, in most restaurants, customers can choose between smoking and nonsmoking sections. Do you think that there should be no restrictions on where people can smoke in restaurants, that smoking should be banned altogether in restaurants, or should restaurants continue to offer smoking and nonsmoking sections?

Responses:

No restrictions
Prohibit smoking altogether
Continue current policy

22
24
74

Survey Organization: Hamilton, Frederick And Schneiders
Research Sponsor: Tobacco Institute
Population: National adult
Population Size: 1500
Interview method: Telephone
Beginning date: NOV 23, 1988 Ending date: DEC 6, 1988
Source Document: Smoking
Date of Source Document: DEC 1988
Subject: HEALTH
REGULATION

FULL QUESTION ID: USHFS.88TOB.R07

2041245787

Question:

R08 Currently, in most workplaces, employers and employees decide when and where smoking is permitted. Do you think there should be no restrictions on smoking in the workplace, that smoking should be banned altogether in the workplace, or should employers and employees continue to decide when and where smoking is permitted?

Responses:

No restrictions	3%
Prohibit smoking altogether	20
Continue current policy	76
Don't know	1

Survey Organization:	Hamilton, Frederick And Schneiders	
Research Sponsor:	Tobacco Institute	
Population:	National adult	
Population Size:	1500	
Interview method:	Telephone	
Beginning date:	NOV 23, 1988	Ending date: DEC 6, 1988
Source Document:	Smoking	
Date of Source Document:	DEC 1988	
Subject:	HEALTH REGULATION WORK	

FULL QUESTION ID: USHFS.88TOB.R08

2041245788

Question:

Q001 Would you favor or oppose a law that required all restaurants to have separate smoking and non-smoking sections?

Responses:

Favor	86%
Oppose	10
Don't know	4

Survey Organization: Washington Post
Population: National adult
Population Size: 1005
Interview method: Telephone
Beginning date: JAN 18, 1989 Ending date: JAN 22, 1989
Source Document: Washington Post
Study Note: Interviewing Conducted By I.C.R. Survey Research
Group
Date of Source Document: JAN 1989
Subject: HEALTH
REGULATION

FULL QUESTION ID: USWASHP.89804E.Q001

2041245789

Question:
Q002 Would you favor or oppose a ban on all smoking in restaurants?

Responses:

Favor	43%
Oppose	54
Don't know	3

Survey Organization: Washington Post
Population: National adult
Population Size: 1005
Interview method: Telephone
Beginning date: JAN 18, 1989 Ending date: JAN 22, 1989
Source Document: Washington Post
Study Note: Interviewing Conducted By I.C.R. Survey Research
Group
Date of Source Document: JAN 1989
Subject: HEALTH
REGULATION

FULL QUESTION ID: USWASHP.89804E.Q002

2041245790

Question:
Q003 Would you favor or oppose a ban on all smoking in the workplace?

Responses:

Favor	87%
Oppose	46
Don't know	7

Survey Organization: Washington Post
Population: National adult
Population Size: 1005
Interview method: Telephone
Beginning date: JAN 18, 1989 Ending date: JAN 22, 1989
Source Document: Washington Post
Study Note: Interviewing Conducted By I.C.R. Survey Research Group
Date of Source Document: JAN 1989
Subject: HEALTH
REGULATION

FULL QUESTION ID: USWASHP.89804E.Q003

2041245791

Question:

Q13C What smoking restrictions, if any, are there at the place where you work?

Subpopulation: See note

Responses:

Smoking not allowed anywhere	12%
Smoking allowed only in specific area(s)	56
None/No restrictions	32
Asked of respondents employed full/part time	
(56%) * = less than .5 percent	

Survey Organization:	Gallup Organization	
Population:	National adult	
Population Size:	482	
Interview method:	Mail survey	
Beginning date:	FEB 1989	Ending date: FEB 1989
Source Document:	Gallup Poll--Ai	
Date of Source Document:	FEB 1989	
Subject:	HEALTH	
	REGULATION	
	WORK	

FULL QUESTION ID: USGALLUP.AI879.Q13C

2041245792

Question:

R2 Currently, many companies are adopting policies about smoking in the workplace. Which one of the following policies do you think is best?

Responses:

Ban smoking totally	21%
Have separate smoking and no smoking work areas	21
Allow smoking only in special smoking rooms	46
No restrictions at all on smoking	11
Don't know	2

Survey Organization:	Gordon S. Black Corporation		
Research Sponsor:	U.S.A. Today		
Population:	National adult		
Population Size:	1063		
Interview method:	Telephone		
Beginning date:	JUN 21, 1989	Ending date:	JUN 22, 1989
Source Document:	Gordon S. Black/U.S.A. Today		
Date of Source Document:	JUN 1989		
Subject:	HEALTH REGULATION WORK		

FULL QUESTION ID: USGBUSA.893156.R2

2041245793

Question:
R7 Do you think people have a right to smoke indoors around others?

Responses:	
Yes	38%
No	45
It depends	17
Don't know	3

Survey Organization:	Gordon S. Black Corporation
Research Sponsor:	U.S.A. Today
Population:	National adult
Population Size:	1063
Interview method:	Telephone
Beginning date:	JUN 21, 1989
Source Document:	Gordon S. Black/U.S.A. Today
Date of Source Document:	JUN 1989
Subject:	HEALTH

FULL QUESTION ID: USGBUSA.893156.R7

2041245794

Question:

R12 Do you agree with the new law that completely bans cigarette smoking on domestic flights on commercial airplanes, or not?

Responses:

Yes, agree
No, disagree
Don't know

78%
20
2

Survey Organization: Gallup Organization
Population: National adult
Population Size: 1240
Interview method: Telephone
Beginning date: JUL 6, 1990 Ending date: JUL 8, 1990
Source Document: Gallup Poll
Date of Source Document: JUL 18, 1990
Subject: HEALTH
REGULATION
TRANSPORTATION

FULL QUESTION ID: USGALLUP.071890.R12

2041245795

Question:

R13A What is your opinion regarding smoking in these public places?
Should they set aside certain areas, totally ban smoking, or should there be
no restrictions on smoking?... Hotels and motels

Responses:

Set aside certain areas	73%
Totally ban smoking	18
No restrictions	8
Don't know/Refused	1

Survey Organization:	Gallup Organization	
Population:	National adult	
Population Size:	1240	
Interview method:	Telephone	
Beginning date:	JUL 6, 1990	Ending date: JUL 8, 1990
Source Document:	Gallup Poll	
Date of Source Document:	JUL 18, 1990	
Subject:	HEALTH REGULATION	

FULL QUESTION ID: USGALLUP.071890.R13A

2041245796

Question:

R13B (What is your opinion regarding smoking in these public places?
Should they set aside certain areas, totally ban smoking, or should there be
no restrictions on smoking?)... Workplaces

Responses:

Set aside certain areas	69%
Totally ban smoking	25
No restrictions	3
Don't know/Refused	1

Survey Organization:	Gallup Organization	
Population:	National adult	
Population Size:	1240	
Interview method:	Telephone	
Beginning date:	JUL 6, 1990	Ending date: JUL 8, 1990
Source Document:	Gallup Poll	
Date of Source Document:	JUL 18, 1990	
Subject:	HEALTH REGULATION WORK	

FULL QUESTION ID: USGALLUP.071890.R13B

2041245797

Question:

R13C (What is your opinion regarding smoking in these public places?
Should they set aside certain areas, totally ban smoking, or should there be
no restrictions on smoking?)... Restaurants

Responses:

Set aside certain areas
Totally ban smoking
No restrictions

66%
30
4

Survey Organization: Gallup Organization
Population: National adult
Population Size: 1240
Interview method: Telephone
Beginning date: JUL 6, 1990 Ending date: JUL 8, 1990
Source Document: Gallup Poll
Date of Source Document: JUL 18, 1990
Subject: HEALTH
REGULATION

FULL QUESTION ID: USGALLUP.071890.R13C

2041245798

Question:
R14 Should smokers refrain from smoking in the presence of non-smokers?

Responses:

Agree	77%
Disagree	18
Don't know	5

Survey Organization:	Gallup Organization		
Population:	National adult		
Population Size:	1240		
Interview method:	Telephone		
Beginning date:	JUL 6, 1990	Ending date:	JUL 8, 1990
Source Document:	Gallup Poll		
Date of Source Document:	JUL 18, 1990		
Subject:	HEALTH		

FULL QUESTION ID: USGALLUP.071890.R14

2041245799

Question:

R15 Would you favor or oppose a complete ban on smoking in all public places?

Responses:

Favor complete ban on smoking in public
places
Oppose
Don't know

51%
46
3

Survey Organization: Gallup Organization
Population: National adult
Population Size: 1240
Interview method: Telephone
Beginning date: JUL 6, 1990 Ending date: JUL 8, 1990
Source Document: Gallup Poll
Date of Source Document: JUL 18, 1990
Subject: HEALTH
REGULATION

FULL QUESTION ID: USGALLUP.071890.R15

2041245800

Question:

R16 Should smoking in this country be made totally illegal, or not?

Responses:

Yes, made illegal
No, not made illegal
Don't know

143
84
2

Survey Organization: Gallup Organization
Population: National adult
Population Size: 1240
Interview method: Telephone
Beginning date: JUL 6, 1990 Ending date: JUL 8, 1990
Source Document: Gallup Poll
Date of Source Document: JUL 18, 1990
Subject: HEALTH

FULL QUESTION ID: USGALLUP.071890.R16

2041245801

Question:

R20 If someone is sitting with you in a restaurant, and asks if you mind if he or she smokes, would you: allow them to smoke or say that you would prefer that they did not smoke at your table?

Responses:

Allow them to smoke at the table	52%
Tell them you would prefer they did not smoke	44
Not allow them to smoke at all	2
Don't know	2

Survey Organization:	Gallup Organization	
Population:	National adult	
Population Size:	1240	
Interview method:	Telephone	
Beginning date:	JUL 6, 1990	Ending date: JUL 8, 1990
Source Document:	Gallup Poll	
Date of Source Document:	JUL 18, 1990	
Subject:	HEALTH	

FULL QUESTION ID: USGALLUP.071890.R20

2041245802

Question:

R21 If someone comes to visit you in your home and asks if you mind if he or she smokes, would you allow them to smoke, or say that you prefer they did not smoke in your home?

Responses:

Allow them to smoke
Prefer they did not
Not allow them to smoke
Don't know

53%
37
9
1

Survey Organization: Gallup Organization
Population: National adult
Population Size: 1240
Interview method: Telephone
Beginning date: JUL 6, 1990 Ending date: JUL 8, 1990
Source Document: Gallup Poll
Date of Source Document: JUL 18, 1990
Subject: HEALTH

FULL QUESTION ID: USGALLUP.071890.R21

2041245803

Question:

R13A What is your opinion regarding smoking in public places? In...
hotels and motels... should they set aside certain areas, totally ban
smoking, or should there be no restrictions on smoking?

Responses:

Set aside areas	70%
Totally ban	17
No restrictions	12
Don't know	1

Survey Organization:	Gallup Organization	
Population:	National adult	
Population Size:	1003	
Interview method:	Telephone	
Beginning date:	OCT 24, 1991	Ending date: OCT 27, 1991
Source Document:	Gallup Poll	
Date of Source Document:	OCT 1991	
Subject:	HEALTH REGULATION	

FULL QUESTION ID: USGALLUP.1091W4.R13A

2041245804

Question:

R13B What is your opinion regarding smoking in public places? In... workplaces... should they set aside certain areas, totally ban smoking, or should there be no restrictions on smoking?

Responses:

Set aside areas
Totally ban
No restrictions
Don't know

67%
24
8
1

Survey Organization:	Gallup Organization	
Population:	National adult	
Population Size:	1003	
Interview method:	Telephone	
Beginning date:	OCT 24, 1991	Ending date: OCT 27, 1991
Source Document:	Gallup Poll	
Date of Source Document:	OCT 1991	
Subject:	HEALTH REGULATION	

FULL QUESTION ID: USGALLUP.1091W4.R13B

2041245805

Question:

R13C What is your opinion regarding smoking in public places? In...
restaurants... should they set aside certain areas, totally ban smoking, or
should there be no restrictions on smoking?

Responses:

Set aside areas
Totally ban
No restrictions
Don't know

66%
28
5
1

Survey Organization: Gallup Organization
Population: National adult
Population Size: 1003
Interview method: Telephone
Beginning date: OCT 24, 1991 Ending date: OCT 27, 1991
Source Document: Gallup Poll
Date of Source Document: OCT 1991
Subject: HEALTH
REGULATION

FULL QUESTION ID: USGALLUP.1091W4.R13C

2041245806

Question:

R14 Would you favor or oppose a complete ban on smoking in all public places?

Responses:

Favor

44%

Oppose

54

Don't know

2

Survey Organization: Gallup Organization
Population: National adult
Population Size: 1003
Interview method: Telephone
Beginning date: OCT 24, 1991 Ending date: OCT 27, 1991
Source Document: Gallup Poll
Date of Source Document: OCT 1991
Subject: HEALTH
REGULATION

FULL QUESTION ID: USGALLUP.1091W4.R14

2041245807

Question:

R17A Some states are considering legislation to protect the rights of smokers. Would you like to see either of the following laws enacted in your state?... A law making it illegal for employers to discriminate against a job applicant solely because the applicant smokes

Responses:

Yes

47%

No

50

Don't know

3

Survey Organization:	Gallup Organization	
Population:	National adult	
Population Size:	1003	
Interview method:	Telephone	
Beginning date:	OCT 24, 1991	Ending date: OCT 27, 1991
Source Document:	Gallup Poll	
Date of Source Document:	OCT 1991	
Subject:	HEALTH WORK EQUALITY REGULATION	

FULL QUESTION ID: USGALLUP.1091W4.R17A

2041245808

Question:

R17B Some states are considering legislation to protect the rights of smokers. Would you like to see either of the following laws enacted in your state?... A law making it illegal for employers to exclude employees who smoke from company health insurance plans

Responses:

Yes

42%

No

53

Don't know

5

Survey Organization:

Gallup Organization

Population:

National adult

Population Size:

1003

Interview method:

Telephone

Beginning date:

OCT 24, 1991

Ending date: OCT 27, 1991

Source Document:

Gallup Poll

Date of Source Document:

OCT 1991

Subject:

HEALTH

WORK

EQUALITY

REGULATION

FULL QUESTION ID: USGALLUP.1091W4.R17B

2041245809

Question:

R21 Would you favor or oppose a complete ban on smoking in all public places?

Responses:

Favor

61%

Oppose

36

Don't know

3

Survey Organization:

Gallup Organization

Population:

National adult

Population Size:

1011

Interview method:

Telephone

Beginning date:

NOV 7, 1991

Ending date: NOV 10, 1991

Source Document:

Gallup Poll

Date of Source Document:

NOV 1991

Subject:

HEALTH
REGULATION

FULL QUESTION ID: USGALLUP.1191W2.R21

2041245810

COMPULLED PRODUCTION

2041245811

Perceptions of Smokers
by Others

2041245812

Question:

R31H (I am going to read you a list of types of information which insurance companies may use to decide whether or not to give people life insurance or health and medical insurance and what premiums to charge. Please say for each one whether you think insurance companies should or should not have the right to obtain this information.)...Whether the applicant smokes, or not

Responses:

Should not have the right
Partial response only

41%

Survey Organization: Louis Harris And Associates
Research Sponsor: Sentry Insurance
Population: National adult
Population Size: 1513
Interview method: Personal
Beginning date: NOV 30, 1978 Ending date: DEC 10, 1978
Source Document: Dimensions Of Privacy
Study Note: Similar Questions Were Also Asked Of A Leadership Sample.
Date of Source Document: JAN 1979
Subject: RIGHTS
CONSUMER

FULL QUESTION ID: USHARRIS.79PRIV.R31H

2041245813

Question:

R38 Health insurance companies are considering giving discounts to people who don't smoke and who get regular exercise. Do you think that if health insurance companies provide these discounts that they should be allowed to check up on people to ensure they are actually practicing these habits?

Responses:

Companies should be allowed to verify health habits	70%
Companies should not be allowed to verify health habits	28
Don't know	2

Survey Organization:	Yankelovich, Skelly & White		
Research Sponsor:	American Council of Life Insurance		
Population:	National adult		
Population Size:	1554		
Interview method:	Personal		
Beginning date:	MAY 29, 1979	Ending date:	JUN 22, 1979
Source Document:	Monitoring Attitudes Of The Public '79		
Date of Source Document:	JUN 1979		
Subject:	HEALTH RIGHTS		

FULL QUESTION ID: USYANK.79MAP.R38

2041245814

Question:

R41E (Once again, we have a group of cards, each one containing a statement. Would you please read each statement, call off its identification letter, and then the number of the item on the scale that best describes the extent of your agreement or disagreement with the statement.)...It is fair for people who smoke to be charged more for health insurance since they are more likely to get cancer or heart disease.

Responses:

Agree

38%

No strong opinion

27

Disagree

35

Survey Organization: Yankelovich, Skelly And White
Research Sponsor: American Council of Life Insurance
Population: National adult
Population Size: 1544
Interview method: Personal
Beginning date: APR 25, 1981 Ending date: JUN 1, 1981
Source Document: Monitoring Attitudes Of The Public 1981
Date of Source Document: JUN 1981
Subject: HEALTH

FULL QUESTION ID: USYANK.81MAP.R41E

2041245815

Question:

R67A Once again we have a group of cards, each one containing a statement. Would you please read each statement, call off its identification letter, and then the number of the item on the scale that best describes the extent of your agreement or disagreement with the statement?... It is fair for people who smoke to be charged more for health insurance, since they are more likely to get cancer or heart disease.

Responses:

6-Strongly agree	182
5-Agree	32
4-Not sure, but probably agree	27
3-Not sure, but probably disagree	20
2-Disagree	15
1-Strongly disagree	9

Survey Organization:	Roper Organization	
Research Sponsor:	American Council of Life Insurance	
Population:	National adult	
Population Size:	1490	
Interview method:	Personal	
Beginning date:	JUN 1, 1985	Ending date: JUN 15, 1985
Source Document:	Monitoring The Attitudes Of The Public 1985	
Date of Source Document:	JUN 1985	
Subject:	HEALTH	

FULL QUESTION ID: USROPER.85MAP.R67A

2041245816

Question:

R47B (We can choose our friends, but we can't always choose the people we work closely with. Here is a list of some different types of people. For each one, would you tell me whether you would strongly object to working around them, or prefer not to work around them, or wouldn't mind working around them?)... People who smoke cigarettes

Responses:

Strongly object
Prefer not to
Wouldn't mind
Don't know

19%
29
51
1

Survey Organization:	Roper Organization	
Population:	National adult	
Population Size:	1997	
Interview method:	Personal	
Beginning date:	JAN 10, 1987	Ending date: JAN 24, 1987
Source Document:	Roper Report	
Date of Source Document:	APR 1987	
Subject:	GROUPS WORK HEALTH	

FULL QUESTION ID: USROPER.87-2.R47B

2041245817

Question:

R47C (We can choose our friends, but we can't always choose the people we work closely with. Here is a list of some different types of people. For each one, would you tell me whether you would strongly object to working around them, or prefer not to work around them, or wouldn't mind working around them?)... People who smoke cigars

Responses:

Strongly object
Prefer not to
Wouldn't mind
Don't know

30%
35
34
1

Survey Organization:	Roper Organization	
Population:	National adult	
Population Size:	1997	
Interview method:	Personal	
Beginning date:	JAN 10, 1987	Ending date: JAN 24, 1987
Source Document:	Roper Report	
Date of Source Document:	APR 1987	
Subject:	GROUPS	
	WORK	
	HEALTH	

FULL QUESTION ID: USROPER.87-2.R47C

2041245818

Question:

RC2C (Please tell me if you think each of the following events is likely or not likely to happen in the next 10 years.)... Cigarette smokers will shrink to a tiny minority

Responses:

Likely	59%
Not likely	38
Don't know/No answer	3

Survey Organization: Associated Press/Media General
Population: National adult
Population Size: 1071
Interview method: Telephone
Beginning date: SEP 14, 1989 Ending date: SEP 24, 1989
Source Document: Associated Press/Media General
Date of Source Document: SEP 1989
Subject: FUTURE
HEALTH

FULL QUESTION ID: USAPMGEN.28-3.RC2C

2041245819

Question:

R22 If you were in a position to hire someone for a job, and you learned that the person smoked, would it make you more likely to hire that person, less likely, or would it make no difference?

Responses: *

More likely to hire	1%
Less likely	23
Makes no difference	75
Don't know	1

Survey Organization:	Gallup Organization	
Population:	National adult	
Population Size:	1240	
Interview method:	Telephone	
Beginning date:	JUL 6, 1990	Ending date: JUL 8, 1990
Source Document:	Gallup Poll	
Date of Source Document:	JUL 18, 1990	
Subject:	HEALTH WORK	

FULL QUESTION ID: USGALLUP.071890.R22

2041245820

Question:

R11F (Which, if any, of the following is responsible for higher health care costs?)... High risk individuals such as smokers and people who don't wear their seat belts

Responses:

Yes

53%

No/Not sure

47

Survey Organization: Yankelovich Clancy Shulman
Research Sponsor: Time, Cable News Network
Population: National adult
Population Size: 1000
Interview method: Telephone
Beginning date: AUG 27, 1991 Ending date: AUG 28, 1991
Source Document: Time/C.N.N./Yankelovich Clancy Shulman
Date of Source Document: DEC 11, 1991
Subject: HEALTH
MEDICINE

FULL QUESTION ID: USYANKCS.AUG91.R11F

2041245821

Question:

R12D (Given the high cost of health care insurance, which of the following steps would you favor in order to reduce costs?)... Surcharges for smokers and other high risk individuals who engage in high risk behavior

Responses:

Favor
Oppose
Not sure

57%
37
6

Survey Organization: Yankelovich Clancy Shulman
Research Sponsor: Time, Cable News Network
Population: National adult
Population Size: 1000
Interview method: Telephone
Beginning date: AUG 27, 1991 Ending date: AUG 28, 1991
Source Document: Time/C.N.N./Yankelovich Clancy Shulman
Date of Source Document: DEC 11, 1991
Subject: HEALTH
MEDICINE

FULL QUESTION ID: USYANKCS.AUG91.R12D

2041245822

Question:

R16 If you were in a position to hire someone for a job, and you learned that the person smoked, would it make you more likely to hire that person, less likely, or would it make no difference?

Responses:

More likely to hire	1%
Less likely	21
Makes no difference	77
Don't know	1

Survey Organization:	Gallup Organization	
Population:	National adult	
Population Size:	1003	
Interview method:	Telephone	
Beginning date:	OCT 24, 1991	Ending date: OCT 27, 1991
Source Document:	Gallup Poll	
Date of Source Document:	OCT 1991	
Subject:	HEALTH WORK EQUALITY	

FULL QUESTION ID: USGALLUP.1091W4.R16

2041245823

Question:

R16 If you were in a position to hire someone for a job, and you learned that the person smoked, would it make you more likely to hire that person, less likely, or would it make no difference?

Responses:

More likely to hire	1%
Less likely	21
Makes no difference	77
Don't know	1

Survey Organization:	Gallup Organization	
Population:	National adult	
Population Size:	1003	
Interview method:	Telephone	
Beginning date:	OCT 24, 1991	Ending date: OCT 27, 1991
Source Document:	Gallup Poll	
Date of Source Document:	OCT 1991	
Subject:	HEALTH WORK EQUALITY	

FULL QUESTION ID: USGALLUP.1091W4.R16

2041245824

2041245825

Bulletin to Management

BNA POLICY AND PRACTICE SERIES

August 29, 1991

SHRM-BNA Survey No. 55 Smoking in the Workplace: 1991

Workplace smoking policies have been adopted by the vast majority of U.S. employers, according to the latest survey by The Bureau of National Affairs, Inc. and the Society for Human Resource Management. Eighty-five percent of responding firms have smoking policies designed to address employee health and comfort, up from 54 percent in 1987 and 36 percent in 1986, when the first two SHRM-BNA surveys on the topic were conducted. The survey also finds that:

- **Total bans on smoking** have been established by 34 percent of the surveyed companies, compared with 7 percent of responding firms in 1987 and just 2 percent in 1986. Another 34 percent, while not imposing total bans, prohibit smoking in all open work areas.

- **Smoking rules extend beyond work areas** in virtually all companies with policies. Most organizations' policies prohibit smoking in hallways (90 percent), restrooms (87 percent), and conference rooms (85 percent). Bans on smoking in private offices (63 percent), employee lounges (62 percent), and cafeterias (59 percent) are about twice as common in 1991 as in 1987.

- **Concerns about employee health or comfort** prompted the development of about four out of five policies (79 percent), and 59 percent of firms established smoking restrictions in response to employee complaints. State or local laws helped bring about more than one-third of the policies (36 percent).

- **Violations and enforcement** do not appear to be major problems among organizations with smoking policies. More than three-fifths of respondents (63 percent) believe their companies' policies are enforced "very consistently" and seven out of 10 indicated that employees "rarely" (50 percent) or "never" (20 percent) violate the smoking rules.

- **Complaints about smoke** in the work environment have been received by almost half of the organizations (49 percent) since their policies went into effect. The most effective approaches to resolving complaints appear to be improved policy communication, establishment of additional restrictions, and more stringent policy enforcement.

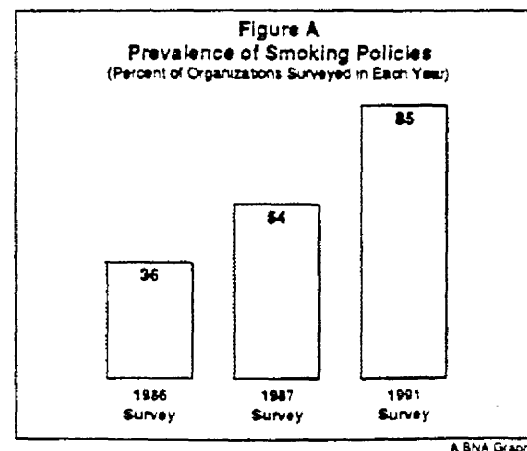
- **Non-smokers' morale** has improved at 69 percent of the companies with smoking policies. About

one-quarter (27 percent) have experienced declines in morale among smokers since their policies were adopted. Smokers' breaks have become longer or more frequent in half of the firms with smoking policies. Smoking restrictions appear unlikely to affect productivity or costs.

- **Non-smokers receive hiring preference** in fewer than one out of five companies. Only 2 percent hire non-smokers exclusively, and 8 percent have a stated preference for non-smoking applicants. Seven percent of employers allow individual supervisors to use smoking as a hiring criterion.

- **Employees who want to quit smoking** have been offered help or encouragement by more than three-fifths of all surveyed companies (64 percent). While employers take a wide range of approaches to helping workers kick the habit—such as distributing literature, sponsoring quit-smoking programs, or offering incentives—most have had only limited success in getting workers to quit.

- **Among employers without smoking policies**, more than half either have definite plans to adopt a policy by 1992 (16 percent) or have smoking restrictions under consideration (44 percent). Minimal employee demand and lack of top management support were the most frequently cited reasons for not having a policy.



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BNA-2156/91/88-36

2041245826

CURRENT POLICIES AND PROVISIONS

Smoking Policies Are More Prevalent

Employees' smoking privileges have diminished substantially over the past five years. Eighty-five percent of responding employers currently prohibit or restrict smoking in their facilities, compared with 54 percent of firms in 1987 and 36 percent in 1986. (See Figure A.) Another 2 percent of companies responding to the most recent survey will establish a smoking policy by the end of 1992, and 7 percent have smoking restrictions under consideration. Only 6 percent currently have no policy and none under consideration, compared with 22 percent in 1987 and 41 percent in 1986.

Manufacturing companies appear somewhat less likely to restrict workplace smoking than employers in other industry classifications, as Table 1 shows. Three-quarters of responding manufacturing firms currently maintain restrictions on smoking, compared with about nine out of 10 non-manufacturing businesses (90 percent) and "non-business" establishments (93 percent). (The non-business classification includes hospitals, government agencies, educational institutions, and non-profit organizations.) Ninety percent of large organizations (1,000 or more employees) have smoking policies, while 83

percent of responding small firms impose restrictions on workplace smoking.

Regional differences in the prevalence of smoking policies are less pronounced in 1991 than in 1987. Four years ago, more than seven out of 10 Western firms (73 percent) maintained restrictions on smoking, compared with less than three-fifths of Northeastern (58 percent) and North Central (55 percent) employers and only 44 percent of Southern organizations. This year's survey finds that smoking policies are most common in Northeastern organizations (92 percent), with a relatively small gap in prevalence between firms in this region and those in the Western (87 percent), North Central (84 percent), and Southern (80 percent) states.

Year of Establishment

The widespread establishment of smoking policies has occurred almost entirely within the past decade. Among firms with policies in 1991, only 9 percent have restricted workplace smoking for more than five years, and just 2 percent have had policies in effect for more than a decade. Policies established prior to 1986 appear slightly more common among Western (15 percent) and North Central employers (13 percent) than in Southern (6 percent) and Northeastern (5 percent) organizations.

Table 1
Smoking Policy Status at Surveyed Organizations: 1991

	Percent of Companies					
	All Companies	By Industry			By Size	
		Mfg.	Non-Mfg.	Non-Bus.	Large	Small
(Number of companies)	(833)	(329)	(352)	(152)	(199)	(534)
Organization currently has a policy	85%	75%	90%	93%	90%	83%
Organization has a policy under consideration	7	10	5	3	3	8
Organization has no policy and none under consideration	6	10	4	3	4	7
Organization plans to establish a policy in 1991 or 1992	2	4	1	1	4	2

Note: Percentages may not add to 100 due to rounding.

Bulletin to Management (ISSN 0525-2158) published weekly, except at Christmas, by The Bureau of National Affairs, Inc., 1231-25th St., N.W., Washington, D.C. 20037. Tel. (202) 452-4200. Subscription rate \$210 a year. Multiple copy rates available. Second class postage paid at Washington, D.C. POSTMASTER: Send address changes to Bulletin to Management, The Bureau of National Affairs, Inc., P.O. Box 40949, Washington, D.C. 20016-0949. Printed in U.S.A.

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The Survey Sample

The questionnaire was mailed in April 1991 to a random sample of 2,715 members of the Society for Human Resource Management. Results are based on returns from 833 human resource executives, a response rate of 31 percent. Forty-two percent of the participating organizations are non-manufacturing firms, 40 percent are manufacturing companies, and 18 percent are non-business establishments, such as hospitals, educational institutions, and government agencies. Twenty-four percent of the responding organizations employ 1,000 or more workers, while 76 percent have fewer than 1,000 employees. By region, 31 percent of the surveyed employers are located in the South, 29 percent operate in the North Central region, 22 percent are Northeastern establishments, and 18 percent are Western organizations.

The oldest reported policy, which bans smoking in all open work areas, was adopted by a small Northeastern health care facility when it opened in 1963. The policy has not been revised since its inception.

Reasons For Policy Establishment

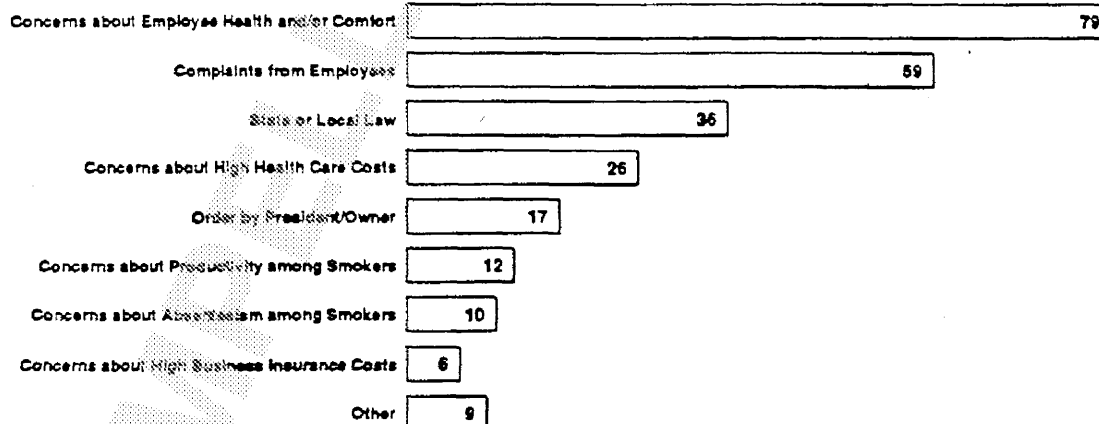
Health concerns and employee complaints remain the most common reasons for adopting a smoking policy, as Figure B shows. About eight out of 10 firms with smoking restrictions (79 percent) implemented their policies out of concern for employees' health and comfort, although only 8 percent indicated that employees' well-being was the sole rationale for the development of their policies. About three-fifths of the policies (59 percent) were established in response to employee complaints, and more than one-third of the respondents (36 percent) indicated that a state or local law led their firms to impose smoking restrictions. Only 9 percent cited legislation as the only reason a policy was established. A state or local law is more likely to have prompted the policies of Northeastern (57 percent) and Western firms (44 percent) than North Cen-

tral (29 percent) and Southern (22 percent) organizations.

High health care costs helped bring about smoking restrictions at 26 percent of the companies with smoking policies; all of these organizations had one or more additional reasons for establishing policies. Seventeen percent of the firms' smoking restrictions were established by order of the company president or owner, about one out of 10 respondents cited concerns about lower productivity (12 percent) or higher absenteeism (10 percent) among smokers, and 6 percent indicated that high business insurance costs were a factor in the decision to impose smoking restrictions.

Of the 64 respondents (9 percent) who cited other reasons for developing smoking policies, more than one-third represent hospitals or health care facilities where policies were designed to address the health and comfort of patients or residents, to resolve patient complaints, or to set an example for the community. "We wanted to promote a healthy life style," a small Southern hospital's human resource director noted. The benefits manager for a large North Central hospital commented, "We

Figure B
Reasons for Adopting a Policy
(Percent of Organizations with Policies)



A BNA Graphic

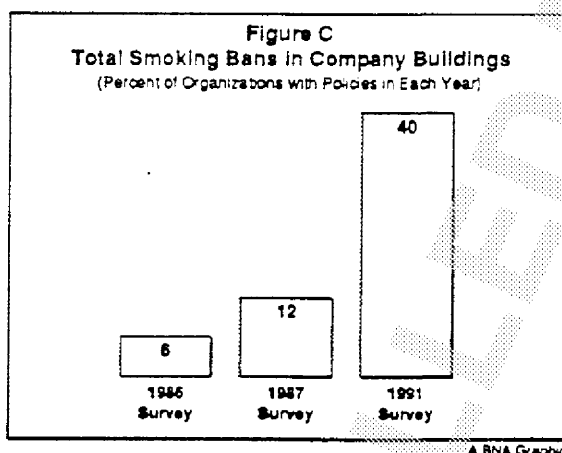
Page 3

should lead the community in health-related issues."

Nine organizations' smoking restrictions went into effect upon relocation to a new building or office. Customer complaints, recommendations from an insurance company or a wellness committee, or the desire for a cleaner work environment prompted the adoption of a few policies. A small Southern service firm's restrictions are designed to address health concerns as well as to protect expensive computer equipment.

Policies Are More Restrictive

A smoke-free work environment is far more common today than it was four years ago, as Figure C shows. Four out of 10 employers with smoking policies in 1991 (34 percent of all responding organizations) prohibit smoking in *all* company buildings. In contrast, total bans were imposed by only 12 percent of organizations with smoking restrictions (7 percent of all firms) in 1987 and by just 6 percent of employers with policies (2 percent of all firms) in 1986. The trend toward a smoke-free workplace appears likely to continue, as 10 percent of the firms with policies have total bans planned or under consideration for 1991 or 1992.



Open Work Areas

Opportunities to light up in open work areas are much more limited now than in 1987. As Table 2 shows, the percentage of policies that prohibit smoking in all shared work space—including complete bans on indoor smoking—has risen from 51 percent in 1987 to 80 percent in 1991. Policies that designate certain sections of open work areas for smoking (6 percent), stipulate that workers may prohibit smoking at their work stations (4 percent),

or impose a ban on smoking if an employee requests it (4 percent) are relatively rare.

As in 1987, policies that prohibit smoking in all shared work space are less prevalent in manufacturing firms (71 percent) than in non-business establishments (88 percent) and non-manufacturing businesses (84 percent). Small firms (81 percent) and large organizations (77 percent) appear equally likely to disallow smoking in all open work areas.

Thirty-one employers (4 percent) have other policies on smoking in shared work space, including a number of companies that ban smoking if a majority of employees request it, if all employees agree, or if a supervisor decides a ban is appropriate. A few firms allow clients and visitors to smoke in open work areas. Only five companies' policies do not impose any restrictions on smoking in open work areas.

Table 2
Policies on Smoking
in Open Work Areas

	1991	1987
Banned in all open work areas*	80%	51%
Allowed only in designated sections	6	13
Banned if one employee requests it	4	9
Employees may designate their own work stations as no-smoking	4	9
Other	4	16

* Percentages include organizations with total bans on smoking in their buildings.
Note: Percentages are based on organizations with smoking policies responding to the survey conducted in each year. Percentages for each year do not add to 100 due to non-response.

Other Locations

Most employers' smoking restrictions extend beyond common work areas, as Table 3 illustrates. Ninety percent of the policies prohibit smoking in hallways, and more than eight out of 10 do not allow employees to light up in restrooms (87 percent), conference and meeting rooms (85 percent), and customer/visitor areas (83 percent). Complete bans on smoking in private offices (63 percent), employee lounges (62 percent), and cafeterias or eating rooms (59 percent) are each about twice as common as in 1987. Only 6 percent of the firms with policies in 1991 allow smoking in all employee lounges and just 5 percent have no restrictions on smoking in cafeterias. Moreover, just 20 percent of the current policies do not restrict smoking in private offices, down from 50 percent four years ago.

Table 3
Total Bans on Smoking
in Selected Areas

	1991	1987
Hallways	90%	77%
Restrooms	87	70
Conferences/meeting rooms	85	73
Customer/visitor areas	83	68
Private offices	63	33
Employee lounges	62	33
Cafeteria/eating areas	59	27

Note: Percentages are based on organizations with smoking policies responding to the survey conducted in each year. Percentages include organizations with total bans on smoking in their buildings.

In addition to the areas shown in Table 3, 90 percent of the policies ban smoking in all computer rooms (2 percent do not have these facilities), and 77 percent prohibit tobacco use in libraries (15 percent do not have libraries). Sixteen percent of the policies disallow smoking in company vehicles; many respondents (48 percent) did not provide information on smoking rules for vehicles, presumably because their firms do not own any.

Twenty-eight responding human resource executives (4 percent) noted other locations where smoking is banned or restricted, including parking garages and copier rooms. A few manufacturing firms prohibit smoking in production or shop areas, and a number of respondents from health care organizations mentioned medical or surgical areas.

Policy Implementation

Virtually all of the employers took steps to ensure the successful implementation of their smoking policies. (See Table 4.) Individual employees received memos on the policy at about eight out of 10 firms (78 percent). Forty-five percent sent notices to supervisors, most of which also distributed memos to the entire work force. Many organizations took a more personal approach to announcing the policy provisions, as 30 percent told supervisors to discuss the policy with their employees, 22 percent held organization-wide meetings on the smoking provisions, and 20 percent had division- or department-level meetings to announce the policy to workers.

At half of the firms, the policy's implementation was accompanied by the establishment of a smoking cessation program. This step was most common in firms with more restrictive policies. Nearly two-thirds of the companies with total bans on smoking (65 percent) began quit-smoking programs around the time the policy went into effect, compared with

46 percent of firms with open work area bans (short of a total ban) and 30 percent of organizations with the least restrictive smoking policies.

More than one out of four employers (28 percent) implemented their policies in stages. About half of these firms had a three-month (29 percent) or six-month (19 percent) phase-in period, and most of the remaining companies' smoking restrictions were phased in over one year (16 percent) or one month (14 percent). Companies that prohibit all smoking in their facilities (35 percent) appear more likely to have phased in their policies than firms with open work area bans (26 percent) or less restrictive policy provisions (19 percent).

A number of firms formed task forces or committees, conducted employee surveys, or held labor-management discussions to gather support for their policies. Some organizations announced the policy with signs, posters, or notices in the company newsletter. As part of its smoking policy kickoff, one firm began providing candy in "high-smoking areas." One employer sponsored a health fair, and another provided informational materials from the American Cancer Society.

Table 4
Policy Implementation Measures

Distributed memos to employees	78%
Established smoking cessation program in conjunction with policy	50
Distributed memos to supervisors	45
Directed supervisors to discuss policy with their employees	30
Phased in policy	28
Held organization-wide meetings	22
Held division/department meetings	20
Other	11

Note: Percentages are based on organizations with smoking policies.

Advance Notice

In at least seven out of 10 organizations, employees received advance notice of the new smoking policy. (Sixteen percent of the respondents did not know when the policy was announced or did not respond.) Twenty-two percent of the establishments gave workers three-months notice, and the same proportion announced the policy one month prior to its effective date. Fewer employers scheduled six months (14 percent) or a year (4 percent) between the policy's announcement and implementation. Fourteen percent of respondents indicated that employees received no advance notice of the new smoking restrictions.

Some organizations gave employees advance notices of two months or less than one month. A few respondents noted that employees were aware that smoking restrictions would become effective when a new building opened or that a policy has existed since the company's inception.

Eighty percent of firms with total bans on smoking gave prior notice of the new restrictions, as did 70 percent of companies with open work area bans. Only half of the least restrictive policies were announced in advance.

Ongoing Communication of the Policy

Employers use a wide range of approaches to inform new employees and remind incumbent workers of their smoking restrictions, as Figure D shows. More than three-fifths of the firms (63 percent) communicate the policy's provisions through their orientation programs for new hires. About half (52 percent) include the policy in an employee handbook. Bulletin board postings and organization-wide memos publicize the policy at 39 percent and 28 percent of the firms, respectively.

Less than one out of five organizations communicate smoking rules through supervisors' guides and manuals (19 percent), employee newsletters (17 percent), or memos to supervisors (16 percent). Only 4 percent put notices on the policy in employees' pay envelopes. Sixteen percent noted other means of communicating the policy, including prominently displayed signs and posters.

Manufacturing firms (57 percent) appear much more likely to post notices on bulletin boards than

their counterparts in the non-manufacturing (31 percent) and non-business (29 percent) sectors. Conversely, less than two-fifths of manufacturers (38 percent) publish policy provisions in their employee handbooks, compared with 66 percent of non-business establishments and 56 percent of non-manufacturing businesses. Policies that ban smoking in all company buildings are more likely to be communicated during orientation programs than less restrictive policies, while organizations with minimal restrictions appear most likely to place reminders on bulletin boards.

Enforcement and Discipline

In addition to becoming more prevalent and restrictive, smoking policies are more likely to include disciplinary provisions than in 1987. As Table 5 shows, more than half of the surveyed firms' policies (54 percent) state that employees will be disciplined for violating smoking restrictions, up from 41 percent in 1987. Sixty percent of companies with total bans have disciplinary provisions in their policies, compared with 52 percent of firms with bans in open work areas and 44 percent of companies that allow smoking in some shared work space.

Disciplinary Provisions

Workers who violate the smoking policy are likely to be subject to the same disciplinary procedures as those who engage in other forms of misconduct. As Table 5 shows, the company's regular disciplinary process applies to smoking policy violations in

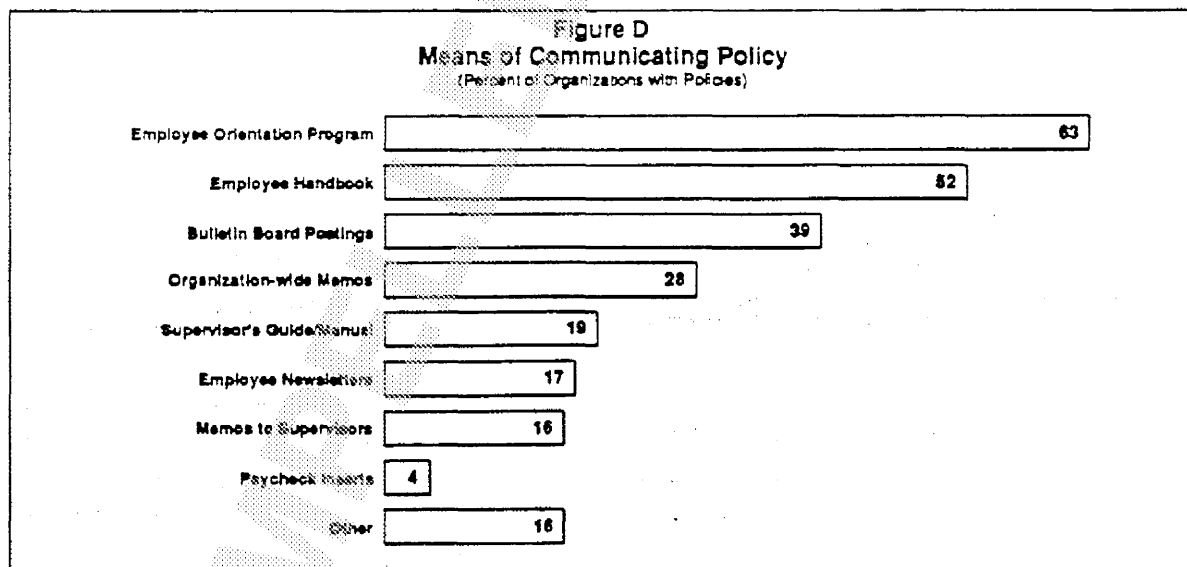


Table 5
Disciplinary Provisions of the Smoking Policy

	All Companies (707)	Percent of Companies				
		By Industry			By Size	
(Number of companies)		Mfg. (248)	Non-Mfg. (318)	Non-Bus. (141)	Large (180)	Small (527)
Policy specifies that policy violators will be disciplined	54% (379)	62% (153)	47% (148)	55% (77)	60% (108)	51% (271)
Regular disciplinary process applies to policy violations*	90	90	88	92	86	91
Discharge is a possible penalty*	84	87	79	88	84	84

* Percentages are based on organizations with smoking policies which specify that employees will be disciplined for violating the policy, as shown by the second row of numbers in parentheses.

nine out of 10 companies with policies that include disciplinary provisions. The respondent for a small North Central bank noted that offenders also are subject to local law enforcement procedures, and that violators may receive counseling provided by the bank. "The degree of discipline depends on whether smoking poses a safety hazard," according to a human resource executive in a large Northeastern manufacturing firm. A small Southern communications company will be "more lenient" about violations of its newly-adopted policy for a "six-month adjustment period." Subsequently, the firm's regular disciplinary procedures will apply.

Smokers who light up in restricted areas are subject to possible discharge at 84 percent of the firms with disciplinary procedures. As Table 5 shows, non-manufacturing businesses (79 percent) may be somewhat less likely to discharge offenders than non-business establishments (88 percent) and manufacturing firms (87 percent). Organizations that ban smoking in all company buildings include discharge as a possible penalty more frequently than companies with more lenient policies.

A number of establishments with smoking restrictions use a progressive disciplinary approach to penalize violators. For example, the written policy at a small manufacturing company in the North Central region states that failure to abide by the smoking policy will result in the following course of action:

- 1st offense—oral warning
- 2nd offense—written warning
- 3rd offense—choice of three-day suspension or enrollment in a stop-smoking program
- 4th offense—discharge.

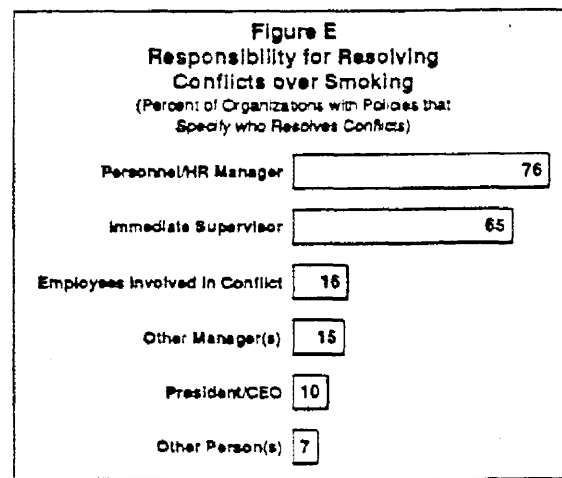
A small North Central retail company with a ban on smoking in open work areas provides that

smoking in certain areas could result in immediate termination.

Conflict Resolution

More than one-half (56 percent) of the smoking policies specify the person(s) responsible for resolving conflicts over work place smoking. Firms with less restrictive policies appear more likely to anticipate disagreements over smoking. Two-thirds of companies without total or open work area bans specify one or more individuals to resolve disputes, compared with 58 percent of those that prohibit smoking in shared work space and 49 percent of employers that do not allow any smoking in their facilities. Large organizations (71 percent) are more likely to specify conflict resolvers than small companies (51 percent).

The human resource manager has sole or partial responsibility for resolving disputes at more than three out of four companies with provisions for conflict resolution (76 percent). (See Figure E.)



A BNA Graphic

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Sixty-five percent expect employees' immediate supervisors to handle conflicts over smoking, while far fewer companies assign responsibility for arbitrating disagreements to the employees involved (16 percent), other managers (15 percent), or the company president (10 percent). Seven percent have other groups or individuals, including safety officers, safety committees, and smoking policy committees, who resolve disputes over smoking.

Consistency of Enforcement

The responding human resource executives were asked about the consistency of policy enforcement at their organizations. Well over half (63 percent) believe their smoking restrictions are "very consistently" enforced. Twenty-eight percent think enforcement is "fairly consistent," while just 5 percent indicated that efforts to ensure policy compliance are "not very consistent." Four percent did not respond or did not feel qualified to offer an opinion.

More than eight out of 10 respondents from firms with total bans (81 percent) gave the company high marks for policy enforcement, compared with 57 percent of those responding for organizations with bans in open work areas and only 37 percent of respondents from companies with the least restrictive policies.

Violations

Seven out of 10 organizations with smoking policies "rarely" (50 percent) or "never" (20 percent) experience violations of their smoking restrictions. Twenty percent of the respondents reported "occasional" violations, while only 4 percent have observed "frequent" transgressions. Almost one-third of respondents for firms with total bans (31 percent) indicated that smokers never violate the policy, while only 5 percent of companies with the least restrictive policies have not experienced any violations. Preventing policy infractions may be easier in smaller companies. Almost one-quarter of respondents from small organizations (23 percent) reported that smokers never violate the policy, compared with just 9 percent of human resource executives representing large companies.

Complaints from Non-smokers

While few respondents noted frequent violations of their smoking policies, about half (49 percent) have received complaints from non-smoking employees since their policies were adopted. The vast majority (90 percent) of respondents reported "some individual complaints" about smoke in the work environment, while few are aware of "many" individual complainants (6 percent) or group con-

cerns (5 percent) that have been brought to management. None of the respondents reported that lawsuits related to workplace smoking have been filed against their companies, although a few noted that employees have contacted local authorities with their concerns. Some firms have received complaints about smokers who are not employed by the organization, such as contracted maintenance crews and individuals who work for companies located in the same building.

Handling Complaints

Employers have taken a wide range of approaches to resolving complaints about smoke in the workplace: measures related to the communication, enforcement, or provisions of the smoking policy appear to be most successful in quelling employee complaints. About two-thirds of the firms (65 percent) stepped up efforts to communicate their smoking policies after receiving employee complaints; most found this approach to be "very effective" (44 percent) or "somewhat effective" (48 percent) in resolving the situation. (See Table 6.) Fewer employers (39 percent) strengthened the enforcement or disciplinary provisions of their policies or imposed additional restrictions on smoking (38 percent) in response to employee complaints. As Table 6 shows, however, employers that use these measures appear likely to find them successful.

Many companies have encouraged supervisors (69 percent) or employees (53 percent) to resolve complaints about smoke in the work environment, usually with limited success. Among companies that have tried these methods, 30 percent indicated that allowing supervisors to address complaints was a very effective technique, and only 17 percent reported great success with asking employees to settle their own disputes. Twenty-six percent of responding organizations have allowed majority rule to determine smoking restrictions; one-fourth of these firms found this strategy to be very effective.

Work-area modifications have been made by many organizations, often with marginal results. Four out of 10 organizations have installed desktop smoke-absorbing devices to placate non-smokers. Some companies have separated smokers from non-smoking employees by dividing work areas into smoking and non-smoking sections (34 percent) or by moving complainants' work stations (28 percent). Less than three of 10 firms that divided work areas (28 percent) or moved complainants' work stations (22 percent) found these measures to be very effective in resolving complaints. Only 10 percent of companies that purchased desktop

Table 6
Measures Taken to Resolve Non-Smokers' Complaints

	Have Tried Measure	Assessment		
		Very Effective	Somewhat Effective	Not Very Effective
Allowed supervisors to resolve problems	69%	30%	53%	17%
Increased communication efforts	65	44	48	9
Urged employees to resolve problems themselves	53	17	40	43
Installed desktop smoke-absorbing devices	40	30	45	45
Strengthened enforcement/disciplinary measures	39	41	47	11
Established additional smoking restrictions	38	49	40	11
Divided work areas into smoking/no-smoking sections	34	28	42	31
Moved complainants' desks/work stations	28	22	49	28
Let majority rule determine smoking restrictions	26	25	40	35

Note: Percentages in the far left column are based on organizations with smoking policies which have received complaints about smoke in the work environment. Percentages in the other three columns are based on organizations that have tried the measure. Percentages for each measure may not add to 100 due to rounding.

smoke-absorbing devices were satisfied with their investment. A few companies have increased ceiling ventilation and filtration, particularly in cafeterias and designated smoking areas.

Effects of the Policy

Smoking policies appear likely to have both positive and negative effects. While nearly eight out of 10 (79 percent) responding human resource professionals reported that their organizations' smoking restrictions have had some beneficial impact, 69 percent reported one or more negative effects attributable to the policy.

Productivity

In many organizations, smoking restrictions have had little or no discernible impact on productivity. Fourteen percent of respondents said smokers' productivity has improved since the policy was adopted, while 19 percent reported lower productivity among workers who smoke. (See Table 7.) Sixteen percent believe non-smoking employees have become more productive since their policies went into effect; only 1 percent reported declines in non-smokers' productivity. The likelihood of changes in employee productivity does not vary substantially by the restrictiveness of the policy.

Workers' Morale

Most smoking policies have affected employee morale. As Table 7 shows, over two-thirds of respondents from firms with policies (69 percent)

indicated that non-smokers' morale improved after their policies were adopted. Only 7 percent reported higher morale among smokers. The respondent for a small Southern manufacturing company remarked that "employees pride themselves on maintaining a healthy work environment." More than one-quarter of the surveyed firms (27 percent) experienced declines in morale among smoking employees after their restrictions went into effect. Just 3 percent reported lower morale among non-smoking workers.

More restrictive smoking policies appear somewhat more likely to boost non-smokers' morale. About seven out of 10 respondents from companies with total bans (71 percent) or bans in open work areas (70 percent) reported higher morale among

Table 7
Impact of Policy on Employees

	Among Smokers	Among Non-Smokers
Increased productivity	14%	15%
Declines in productivity	19	1
Increased morale	7	69
Declines in morale	27	3
Increase in break time	50	-
Improved attendance	4	-

Note: Percentages are based on organizations with smoking policies

non-smoking employees, compared with 60 percent of those representing firms that permit some smoking in shared work space. However, declines in morale among smokers were no more common in organizations with smoke-free facilities or bans in shared work areas (28 percent each) than in companies with less restrictive policies (25 percent).

Breaks and Absences

Smoking policies are unlikely to reduce job absence among smokers, as only 4 percent of respondents have noticed better attendance by employees who smoke since their organizations' policies were adopted. In contrast, smokers' breaks have increased in frequency or duration in half of the companies that restrict workplace smoking.

Smokers' break periods are somewhat less likely to be a problem in firms that permit smoking in at least some open work areas. Forty percent of these firms have experienced longer or more frequent breaks, compared with 55 percent of companies with open work area bans and 50 percent of employers that prohibit smoking throughout their facilities. At a small North Central manufacturing company, the increase in smokers' break time prompted some non-smokers to demand "equal time away from their work stations."

Organization Costs

Few organizations' smoking policies have had any appreciable impact on company expenditures. As Table 8 shows, maintenance costs have declined in 11 percent of the firms with policies. Lower health care expenses (4 percent) or business insurance costs (3 percent) are even less likely to be among the benefits of establishing a smoking policy. A large transportation company's dry cleaning costs fell after its smoking restrictions went into effect.

Table 8
Impact of Policy on
Organization Costs

Lower maintenance costs	11%
Lower health care costs	4
Lower business insurance rates	3
Higher enforcement or maintenance costs	2

Note: Percentages are based on organizations with smoking policies.

Very few companies (2 percent) have incurred high enforcement or maintenance costs as a result of their smoking policies. Four respondents report-

ed higher costs due to time spent enforcing the policy or resolving disputes. Three human resource professionals noted high expenditures for air filters, partitions, or other equipment. The personnel manager for a small Southern financial company reported higher maintenance expenses, as the firm's smoking lounge and outdoor areas must be cleaned.

Other Effects

Other beneficial effects of the smoking policy were reported by 47 respondents (7 percent), including 11 who cited a cleaner work environment or better indoor air quality. Eight respondents noted that their firms' smoking restrictions have prompted some smokers to quit, and four human resource executives cited fewer complaints from employees or clients about workplace smoke. Three firms use their smoking policies as recruiting tools. One respondent considers the decline in the number of smokers hired by his firm to be a positive effect of the policy.

Several human resource professionals noted that their policies have improved their firms' public image or given their facilities a more "professional appearance." The respondent for a small Northeastern service organization said the company's smoking policy has improved the "overall well-being of all employees."

Thirty-one respondents (4 percent) attributed other negative effects to the adoption of their smoking policies, including several who have observed less interaction between smokers and non-smokers. Some cited complaints from smokers about the restrictions or protests from non-smokers about areas which are not covered by the policy. At several firms, employees have filed grievances or pursued legal action. The vice president of human resources for a small Northeastern bank expressed concern about the appearance of smokers congregating in front of the building. The employee relations manager for a small Northeastern manufacturing firm has observed "people doing business in the cafeteria all day long." The cafeteria is the only indoor area where smoking is permitted.

Employee Views on the Policy

The surveyed human resource professionals were asked to assess the reaction of smokers and non-smokers to their firms' smoking policies. Not surprisingly, support for workplace smoking restrictions is higher among non-smoking employees than among smokers, and differences of opinion are greatest when the policy is more restrictive.

As Table 9 shows, about two-thirds of the respondents (65 percent) indicated that most non-smoking

Table 9
Employee Reaction to the Policy

	Among Smokers	Among Non-Smokers
Too restrictive	35%	1%
About right	40	65
Not restrictive enough	1	25
No basis for judgment	21	7
No response	3	2

Note: Respondents were asked to assess most smokers' and non-smokers' reaction to the smoking policy. Percentages are based on organizations with smoking policies.

employees feel the smoking policy is "about right," while 25 percent reported that non-smokers would prefer a more restrictive policy. Only 1 percent said non-smoking employees consider the current policy to be "too restrictive." Nine percent had no opinion or did not respond. In contrast, only four out of 10 respondents indicated that smokers are generally supportive of the policy, with 35 percent indicating that smokers think the current restrictions should be revoked or relaxed. One percent claimed most smokers in their firms would support further prohibitions on smoking, and 24 percent could not offer an assessment of smokers' reaction to the policy or did not respond.

Non-smokers' support for the smoking policy is weakest in companies with the least restrictive policies. Eighty-five percent of respondents from establishments with total smoking bans reported that non-smokers feel the policy is "about right," compared with 58 percent of those representing firms with open work area bans and only 41 percent of respondents from companies that allow smoking in some shared work space. In almost half of the organizations with the least restrictive policies (47 percent), non-smokers think additional smoking restrictions should be imposed.

Smokers' acceptance of restrictions on lighting up is much lower in companies with total smoking bans than in firms that permit smoking in some indoor areas. About half of the respondents from organizations with total bans (47 percent) said smokers find the policy "too restrictive," while 30 percent indicated that most smokers feel a complete ban is appropriate. Employees who smoke appear more likely to accept bans in open work areas (47 percent) and policies that permit smoking in some shared work space (46 percent).

Policy Changes

About one-fifth of the firms' policies (19 percent) have been revised since their inception, most of which (93 percent) were updated in 1988 or later. Forty-six of the 133 companies with revised policies (35 percent) made changes during the first four months of 1991.

The vast majority of policy revisions imposed greater restrictions on workplace smoking. Forty percent implemented a total ban on workplace smoking, and 47 percent established additional restrictions on smoking but stopped short of a total ban. Ten percent of the updated policies include strengthened enforcement provisions. Nine companies (7 percent) began giving hiring preference to non-smokers.

Only 12 organizations (9 percent) have eliminated some restrictions on smoking since their policies were first established. A few companies rescinded total bans and began permitting workers to light up in designated locations. The human resource director for a small Northeastern service company noted that smoking is no longer prohibited in the firms' private offices, an accommodation for managers who smoke. Seven firms did not eliminate smoking restrictions, but designated lounges or other areas where employees may smoke.

The most common reasons for establishing a smoking policy—employee complaints, health and comfort concerns, and state or local laws—are also the most frequently cited rationales for policy revisions. Relocation prompted policy changes in a few organizations, and several respondents noted that policies were revised because of growing concern about the dangers of second-hand smoke. A number of responding human resource professionals noted that revisions were part of a planned phase-in period, and several others indicated that poor enforcement of the original policy prompted a change. A small North Central insurance firm banned all smoking in its facilities last year because the company "fears lawsuits in 20 years when non-smokers may develop lung cancer."

Upcoming Revisions

Six percent of companies with smoking policies plan to revise their policies in 1991 or 1992 and another 18 percent have policy revisions under consideration. Of the 40 companies with definite plans to revise their policies, more than half (55 percent) will have smoke-free work environments by the end of 1992. Another 13 employers (33 percent) will add smoking restrictions without imposing a total ban.

FIRMS WITHOUT SMOKING POLICIES

Restrictions on workplace smoking will become even more common during the next two years. Of 126 surveyed employers without smoking policies designed to address employee health and comfort, a majority will establish a policy by the end of 1992 (16 percent) or have smoking restrictions under consideration (44 percent).

Reasons for Lack of a Policy

Many employers without smoking policies have not considered workplace smoking restrictions to be necessary. As Figure F shows, about half of the respondents for firms without policies (48 percent) cited insufficient employee demand for a policy. Thirteen percent indicated that few or no employees smoke, and 9 percent have not adopted policies because most workers smoke.

Top management's support for a policy has been weak or absent in more than four out of 10 companies that do not restrict smoking in their facilities (44 percent). Several respondents wrote that their top executives smoke, including the personnel manager for a small Northeastern manufacturing company who observed, "Our lack of a no-smoking policy is a classic illustration that top management sets the example. No interest equals no policy."

Potential employee relations problems have led a number of organizations to refrain from establishing policies. One-third of the respondents attribute their firms' failure to restrict smoking to anticipated

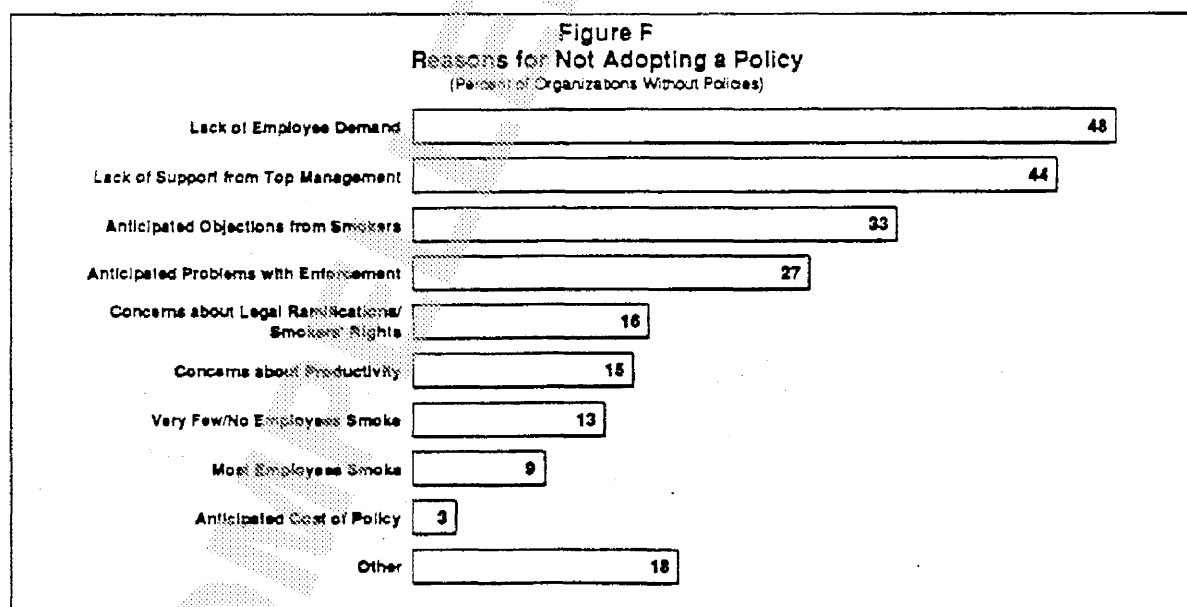
objections from smokers. 27 percent cited potential difficulties with enforcing a policy, and 16 percent indicated that concerns about legal issues or smokers' rights have helped prevent the adoption of a policy.

Fifteen percent of firms without workplace smoking policies fear a decline in employee productivity, while very few respondents (3 percent) attribute the lack of a policy to cost concerns. Eighteen percent cited other reasons for not having a policy, including a few who mentioned their organizations' ties to the tobacco industry. Several respondents noted that employees or departments have worked out informal agreements on smoking. A few others indicated that smoking is restricted for reasons other than employee health and comfort (e.g., safety) and that further smoking prohibitions are unnecessary.

Employee Complaints

Although lack of employee demand was the most frequently cited reason for not having a smoking policy, more than seven out of 10 companies without policies (71 percent) have received complaints about smoke in the work environment. Only 49 percent of firms that restrict smoking have had workers complain since their policies were adopted.

Employers' attempts to resolve complaints have had limited success. Of the firms without policies that have received complaints, about three-quarters (74 percent) have allowed supervisors to resolve



A BNA Graphic

disputes over smoking: few (8 percent) found this approach to be "very effective." Similarly, 69 percent have asked employees to work out their differences themselves, with only 10 percent reporting great success. Many employers without smoking restrictions have installed desktop air filters (56 percent), moved work stations (46 percent), or established smoking and no-smoking areas (43 percent) in response to complaints from non-smokers. Thirty-five percent have invoked majority rule to resolve disputes. With the exception of dividing work areas, these measures have been "very effective" in fewer than one out of five firms that have tried them. Establishing separate smoking and no-smoking work areas has been successful in 24 percent of the companies that have taken this approach to resolving disputes.

New Policies

As noted earlier, 20 of the 126 employers without workplace smoking policies (16 percent) have definite plans to implement restrictions during 1991 or 1992, and 55 companies (44 percent) have policies under consideration. The reasons for these firms' recent consideration of smoking restrictions are similar to those of organizations with policies already in place. Concerns about workers' health and comfort prompted more than half of the companies (56 percent) to consider restrictions, while about one-third began investigating policies because of employee complaints (36 percent) or high health care costs (33 percent). Fewer decisions to consider policies were brought about by a state or local law (8 percent), high absence (5 percent) or low productivity (1 percent) among smokers, or high business insurance costs (7 percent).

Of the 20 companies with definite plans to establish workplace smoking policies, many were still developing policy provisions at the time of the survey. Each of the six firms with final policies will prohibit all smoking in their buildings. Two of the total bans will be phased in over six months, during which some indoor smoking will be permitted.

REDUCING THE NUMBER OF SMOKERS

Hiring Policies

While workplace smoking rules have become much more prevalent and restrictive in recent years, employers remain reluctant to use smoking as a hiring criterion. Only 17 percent of all responding employers give any form of hiring preference to non-smokers, up just slightly from 1987 (12 percent). Thirteen responding organizations (2 per-

cent) hire non-smokers exclusively. Each of these firms restrict smoking in their facilities, 11 of which ban smoking entirely. Eight percent of the surveyed employers have a stated preference for hiring individuals who do not smoke, and another 7 percent allow supervisors to extend an advantage to non-smokers.

A majority of the surveyed organizations (55 percent) prohibit hiring decisions based on whether or not an applicant smokes and 22 percent have no policy on hiring smokers. A few respondents noted that their companies' smoking rules are communicated during the hiring process or through employment advertisements, thereby allowing applicants to decide if they wish to work where smoking is restricted or prohibited. A human resource executive from a small North Central insurance company noted: "We don't know who smokes or not since it is not asked—we just make [clear] the fact that smoking is not permitted on the job!"

Helping Smokers Quit

More than six out of 10 companies responding in 1991 (64 percent) have taken steps to encourage their employees to quit smoking. In 1987, about half of the surveyed employers (52 percent) had taken such measures. Not surprisingly, over two-thirds of firms with smoking policies (68 percent) have offered help or encouragement to employees who try to kick the habit, compared with about one-third of companies without policies (34 percent). Employers with total bans on smoking (74 percent) or open work area bans (67 percent) are somewhat more likely to provide assistance than firms with less restrictive policies (57 percent). Programs and incentives for workers who try to stop smoking are more common in large organizations (80 percent) than in small firms (59 percent).

Distributing literature and sponsoring events are among the most common techniques to encourage employees to stop smoking, but very few employers reported that these measures yield substantial results. (See Table 10.) About half of the surveyed employers (49 percent) have distributed quit-smoking literature to employees, but only 1 percent found this method to be "very effective" in getting employees to quit. Similarly, while 30 percent of all firms have sponsored special events such as the "Great American Smoke-out," just 6 percent of respondents for these companies believe these events have been highly successful.

A wellness program is available to workers who try to stop smoking at 36 percent of the surveyed

Table 10
Measures Taken to Encourage Workers to Quit Smoking

	Have Tried Measure	Assessment		
		Very Effective	Somewhat Effective	Not Very Effective
Distributed quit-smoking literature	49%	1%	35%	63%
Sponsored employee wellness program	36	13	61	27
Reimbursed workers for outside quit-smoking programs	32	14	56	31
Sponsored events (e.g., Great American Smoke-out)	30	8	43	51
Sponsored in-house quit-smoking program on company time	30	15	52	34
Sponsored in-house quit-smoking program off company time	26	11	48	41
Paid cash awards to workers who quit smoking	8	11	64	25
Offered lower insurance rates for non-smokers	8	13	47	40
Gave non-cash rewards to workers who quit smoking	3	3	52	45

Note: Percentages in the far left column are based on all organizations responding to the survey. Percentages in the other three columns are based on organizations that have tried the measure. Percentages for each measure may not add to 100 due to rounding.

firms. About three-fifths of these employers (61 percent) consider wellness programs to be "somewhat effective" in reducing the number of employees who smoke, although only 13 percent have found them to be "very effective."

Workers who wish to attend smoking cessation programs are likely to receive help from their employers. About one-third of the surveyed organizations (32 percent) have reimbursed employees for the cost of quit-smoking programs attended outside work, compared with 14 percent of firms responding in 1987. Three out of 10 companies have sponsored in-house smoking cessation programs on company time, up slightly from 1987 (20 percent). Twenty-six percent have offered in-house programs held outside regular work hours. As Table 10 shows, these programs appear to be moderately successful, at best.

Few responding employers have offered awards or incentives to employees who stop smoking. Six

percent have given cash awards to workers who quit, the same proportion have extended lower insurance rates to non-smokers, and just 3 percent have presented non-financial rewards to employees who quit smoking. As with other efforts to encourage smoking cessation, these measures appear unlikely to be resoundingly effective in reducing the number of smokers in the work force. (See Table 10.) A few firms have tried other incentives, including a small Southern food processing company that donates \$100 to the American Cancer Society in the name of any employee who stays off cigarettes for 100 days.

Thirty-seven percent of the surveyed firms have definite plans to support or encourage employees' smoking cessation efforts in 1991 or 1992, and 26 percent had one or more measures under consideration at the time of the survey. The responding firms' plans indicate that none of the measures listed in Table 10 will become substantially more or less prevalent during the next two years.

Bulletin to Management

August 29, 1991

EXHIBITS: Sample Smoking Policies**Exhibit 1.****SMOKING IN THE WORKPLACE**

values the commitment and effort each of its employees makes toward the success of the Company. The Company takes pride in providing an environment where each of us has the opportunity to develop our skills and talents. We also take seriously our obligations as a Company to provide a safe and healthy workplace.

With the growing concern of our employees, the increased smoking legislation, and continued medical studies linking higher health costs for smokers, will begin a program to restrict smoking in our work areas.

Effective August 6, 1990

The Company will provide stop smoking programs. (Details to be provided next week.) Cigarette machines will be taken out of all facilities.

Effective October 1, 1990

Smoking is prohibited in meetings and in enclosed areas like classrooms, conference rooms, offices and restrooms. Smoking in breakrooms will be in designated areas only. Smoking booths will remain at this time.

Effective January 1, 1991

Smoking booths will be phased out by 1/1/91 and smoking will be restricted to a designated area in the canteen, and outside the building during designated breaks and meal times.

Effective July 1, 1991

Smoking will be discontinued in all buildings at A
covered area outside of the building will be provided for smokers.

is concerned about the apparent danger smoking presents, not only to the smoker, but also to the health of non-smokers. We know we can count on your help and cooperation, smokers and non-smokers alike, to make this effort successful.

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Bulletin to Management

August 29, 1991

Exhibit 2.

PURPOSE

The purpose of this policy is to provide a safe, healthy and pleasant work environment for employees. This policy recognizes that smoke from tobacco products has direct adverse effects on the health of smokers and non-smokers alike.

DEFINITIONS

- COMMON AREA- Area not designated to an individual. This excludes the cafeteria which is considered separately (i.e. copy room, restrooms, hallways).
- CUBICLE- Office area with walls not extending to the ceiling.
- ENCLOSED OFFICE- Office with walls extending from the floor to the ceiling and which is occupied by one person only and designated by the occupant to be a smoking area.
- SHARED WORK AREA- Common areas not designated to only one individual (i.e. copy rooms, multiple employee offices).
- SMOKING- Use of tobacco products which produce smoke (i.e. cigars, cigarettes, pipes).
- SMOKING CONSENSUS- Smoking in shared work areas is permitted only if a consensus is obtained among the persons sharing the area.

NON-SMOKING AREAS

1. Conference/Training/Meeting Rooms
2. Halls/Aisleways
3. Restrooms
4. Shared work areas (unless consensus is obtained among the persons sharing the multiple office area)
5. Designated Cafeteria area
6. Dispensary
7. Computer Operations and CAD/CAM rooms

SMOKING AREAS

1. Cubicles and Enclosed Offices (only if the occupant provides, maintains and uses a smokeless ash tray)
2. Non-designated cafeteria areas
3. Lobby (visitors only)
4. Manufacturing areas (only in areas that are not posted as required to maintain safety/fire requirements) which are of sufficient size and ventilation/exchange capability to allow smoking.
5. Tool room/cribs

CONSIDERATIONS

1. Employees and visitors are expected to honor the smoking and non-smoking designated areas.
2. Individual complaints or concerns regarding implementation of this policy should be discussed with your supervisor. If the supervisor is unable to resolve the individual complaint or concern, the employee may request the supervisor to direct their concern to the Smoking Policy Committee.
3. Reminders to co-workers who may forget the details of this policy are encouraged.

COMPELLED PRODUCTION

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